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THE

AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN NURSES' ASSOCIATION

THE NATIONAL LEAGUE OF NURSING EDUCATION

THE INTERNATIONAL COUNCIL OF NURSES

AND OF

FORTY-THREE STATE ASSOCIATIONS OF NURSES

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VOLUME XXIV

ROCHESTER, N. Y.
THE AMERICAN JOURNAL OF NURSING COMPANY
1924

AMERICAN JOURNAL OF NURSING COMPANY

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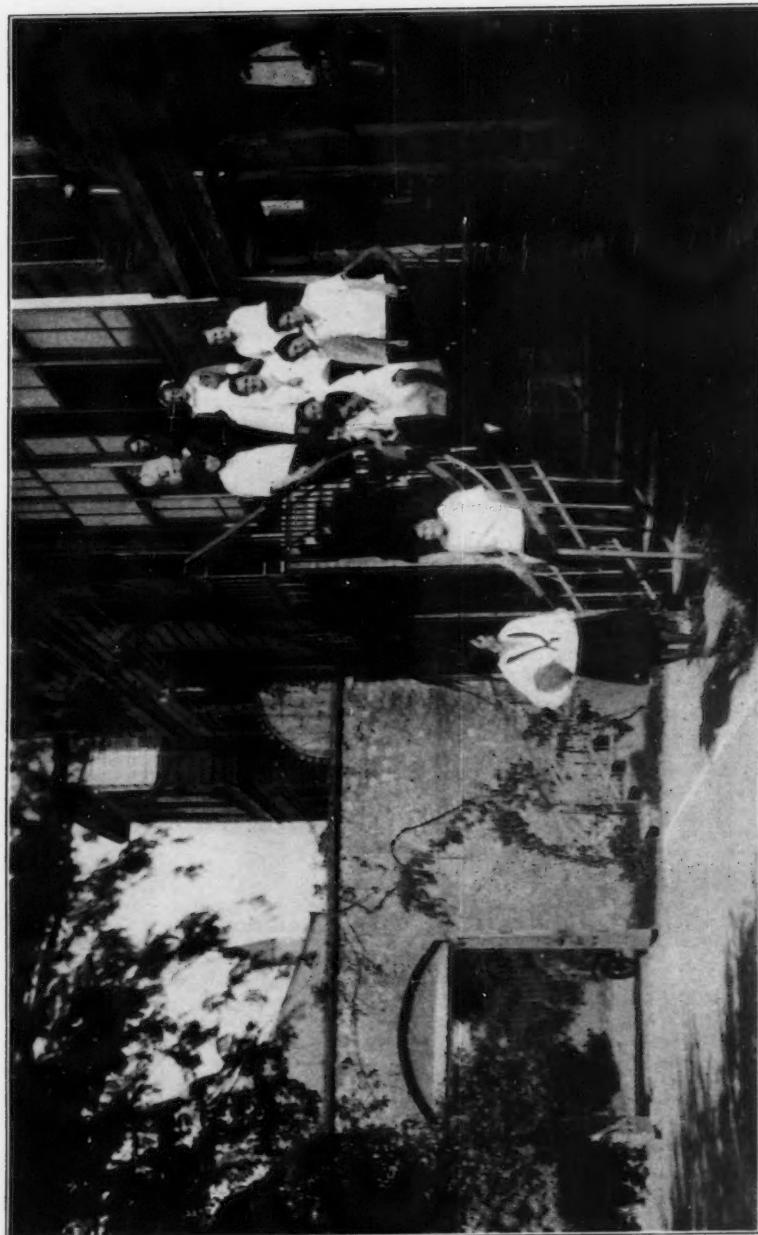
THE AMERICAN JOURNAL OF NURSING COMPANY

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STUDENTS AT AMERICAN HOSPITAL, CONSTANTINOPLE



AMERICAN JOURNAL OF NURSING
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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

OCTOBER, 1923

No. 1

RECENT DEVELOPMENTS IN HOSPITAL SERVICE¹

By M. HELENA McMILLAN, R.N.

IN the following all that is possible is to present briefly changes and innovations that have been going on in the progressive hospital, and to sketch, very superficially, departments that, within late years, have grown to be a part of the institution and without which the term hospital service would be incomplete.

THE CENTRAL DIET KITCHEN

While a few hospitals have adopted the central diet kitchen it is still not generally in use, the reason probably being that it necessitates considerable hospital reconstruction and reorganization and also a possible indecision in the minds of those in charge as to whether it is an advance over the present generally accepted method of serving trays in rooms set apart in each division for that purpose.

The disadvantages of the present method are:

1. Extra, and usually inadequate space taken on each floor for these rooms;
2. Lessened efficiency in nursing, as much time is used preparing drinks,

¹ Read at the Institute conducted by the Illinois State League of Nursing Education, Chicago, September 8.

setting trays, and even cooking for patients;

3. Food responsibility carried mainly by the immature student-nurse group, ordinarily head nurses are too occupied at meal time to give close supervision and a few dieticians are unable to watch a number of scattered serving rooms;

4. Food cooked in a general kitchen and sent to serving rooms for tray distribution means another handling, by one or more people, with an amount of waste increasing in proportion to the number of people who have access to it. Delay sometimes necessitates reheating, with loss of appearance and taste, time is frequently lost waiting for articles forgotten or sent in insufficient quantity; responsibility is divided, as those serving the trays are compelled to use only such material as is provided and are unable to supplement when it is unsuitable or not well prepared. Waste also occurs at times, by too much being sent to each serving room; by unnecessary use of this extra food; by lack of proper care in small ice boxes; and by failure to return promptly to the general kitchen what is not needed.

The only apparent advantages of the present system are:

1. The possible closer contact of the nurse with her patient, meaning subsequent greater knowledge of individual tastes;

2. The undeniably valuable, even if excessive, training in food service to the student nurse. Both of these points may be met satisfactorily in a scientifically organized central diet kitchen.

The advantages of a Central Diet Kitchen may be itemized as:

1. Not only food preparation, but food service would be under direct supervision of the dietitian expert;

2. An undivided responsibility would be secured by placing entire charge of food in her hands;

3. Improvement in tray service as those cooking food would have actual vision of its appearance on the trays;

4. Economy of food through less handling and fewer places of storage or access;

5. No food odors on floors; lack of refuse would lessen likelihood of mice, roaches and such annoyances;

6. Improved nursing service with the release of floor nurse from tray duty.

Introduction of a central diet kitchen into older hospitals necessitates a larger staff of dieticians than is now usual and a permanent corps of intelligent, well trained employees. Student nurses may supplement their work, in so far as the duties delegated to them are of an educative nature, but they cannot be depended upon to carry the routine work of the department. To expect this would be unfair to the work and also to the workers,—dieticians as well as student nurses. Insomuch as training is best secured through responsibility a definite part of the work should be reserved for the student nurse and she

be held entirely responsible for its accomplishment.

Ability to transfer trays from a central diet kitchen to the patient without delay is the all important point in this undertaking and unless that problem is solved, a satisfactory service cannot be hoped for. This means a kitchen well equipped and provided with modern and entirely adequate dummies or some other thoroughly tested method of rapid food transference. It means maids supplemented by nurses, ready in each department to receive these trays promptly and take them to the patients within a very short time after leaving the diet kitchen. The reorganization cannot be left to the dietitian, but will require the active interest and coöperation of the hospital superintendent, the nursing and housekeeping departments.

Enthusiasts of the central diet kitchen scheme advocate a twenty-four hour service to take care of beverages and other food requirements throughout the night as well as the day.

The saving of ice, gas, other equipment as well as food would, in their judgment, justify salaries needed for continuous service.

CHART FILING ROOM

One of the points considered in the grading of the hospitals is the method of making and caring for patients' histories. The modern hospital places apart a room, easy of general access, equipped with filing cases sufficient to hold the hospital charts for five or more years, one or two desks, card files, all in charge of one or more librarians trained in up-to-date filing methods. The morning after the patient is discharged from the hospital, or sooner, the

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chart, in complete form, is sent from the department to the chart room, where it is card indexed both according to diagnosis and alphabetically.

If the chart is not signed by the attending man or the chief of internes or seems incomplete in any detail, the responsible interne is requested to fill in what is lacking and until that is done the history is not filed away. There may also be filed with the history a statement of account from the business office, the death or autopsy slip, treatment in occupational, X-ray or other department.

Should a patient return a second or third time, the previous records are secured from the chart room by the interne or are sent to the department by the librarian, all being kept and studied together and returned as one record. To prevent any one of these two or three records for the same patient being mislaid, the librarian, before giving it out, places a special card in the space left by its removal which remains there until it is returned.

Attending men removing charts for study, sign cards of removal and are held responsible until their return.

Upon written request of a patient and his attending physician, copies of histories or portions of the chart may be granted, but never the original.

In connection with the chart filing room and also under charge of librarians, a storage room should be provided for use when an overflow occurs. In this way the older charts may be so kept that, upon need, they are found without difficulty. Some hospitals, for preservation as well as convenience, have histories bound before being stored. The objection to binding is the cost and also

the possibility of the return of the patient after his first record has been bound, making a scattered or incomplete history for many stomach ulcer, diabetic, and other repeaters. The success of a good chart room service depends largely upon the conscientious follow-up work of the librarians in charge.

SOCIAL SERVICE

The Social Service Department varies in different institutions and localities, but in all, its service is to the poor or near poor. Probably its most important function is the contact it makes between the doctor and patient. By investigation in the home, its touch with other agencies, and general check-up of patient's story, it provides information to the doctor of value in the patient's treatment and to the hospital, as to his classification as free or partial-pay patient. A visit to the home and the report to a parent that the family is being cared for during the mother's or father's illness is of inestimable mental relief to the patient, while its explanation of the doctor's wishes helps to clarify and make coöperative an otherwise bewildered person.

The possibility of carrying remedial care to the home, or of finding suitable places for non-hospital cases, lessens the number of days' stay in the hospital while the patient's return to normal life is made easier by finding ways, through relatives, friends, or social agencies of securing a needed rest, the desired food, or other prescribed treatment.

Through its coöperation with other agencies and general contact with the public it interprets the use and possibilities of the hospital to lay groups. It becomes a means of health education

to families of ex-patients, discovering other members in need of care, often a mother beginning pre-natal instruction, or a baby to be directed to an infant welfare clinic. It offers also an opportunity for important and desirable education to the student nurse. The nursing department realizes that a good social service relieves it of many duties formerly carried inadequately by nurses, unprepared, and fully occupied with bedside nursing.

Its service to the patient, to the doctor, to the hospital, seems unlimited and a hospital without such a department is indeed unfortunate.

As the poor or near poor profit mainly by its services, there is no monetary return from this department, so that salaries of director, assistants, and clerical workers, as well as other expenses must be arranged. Volunteer aid, financial first, and later in the work itself, under an efficient director, can be utilized in social service.

In the June, 1923, number of *The American Journal of Nursing*, Miss Beard gives a definition of Hospital Social Service which those interested should read. The *Hospital Social Service Magazine*, printed monthly at 9 East 37th Street, New York City, is also of value to those who wish to keep informed of recent developments in this branch of hospital work.

OUT-OBSTETRICAL DEPARTMENT

An out-obstetrical department of a hospital is a contribution to the community by enlargement of its educative

value to the medical and nursing student as well as to that part of the public it may reach in their own homes through its medical and nursing staff. Its value to those families who are saved from the midwife and, in her place, given care supervised by a skilled specialist, is inestimable. Such a department is best carried on in coöperation with a medical school, so that the interest engendered by the teaching needs of medical students brings to it the science of obstetrical experts.

If possible, coöperation and close affiliation should also be made with the Infant Welfare organization, in order to make use of pre-natal as well as their post-natal clinics and with Visiting Nurse Associations, for assistance from general visiting nurse groups in giving after care to some of the patients will be much needed. The Social Service Departments of both hospital and dispensary work in close connection with the out-obstetrical department, the former with special interest in pathological cases requiring admittance for hospital care and the latter with careful follow-up work. At least two graduate nurses, one in charge and a second for night calls, should be on the staff, which may then be supplemented by student nurses, for day duty only. Close supervision of student nurses is necessary to secure successful management of an out-obstetrical service and with it such a department becomes a valuable addition to their training.

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BOARDS OF EXAMINERS

BY MARY E. GLADWIN, R.N.

ACH one of us cherishes, slowly and unconsciously engraved on a tablet of memory, an honor roll of nurses. Sometimes, when discouraged and weary of effort, we dream over this list.—honored names of both the quick and the dead, those who have spent themselves royally in nursing service, who, in addition to earning a living, have given long uncounted hours to the progress and development of nursing education.

Inevitably, we are led to wonder why other nurses eagerly seek offices in associations, appointments upon committees, positions upon boards, for which their previous education and experience have in no way fitted them and, of far more consequence, for which they have no intention, conscious or unconscious, of qualifying. The poorly educated, inexperienced nurse, willing, eager to learn, determined to make every step count in the development of the best there is in her, is of far more value to us than the highly educated, experienced woman who considers herself all sufficient and beyond any possibility of further teaching. In this day it is possible to make up any deficiency in education, and experience comes all too rapidly. We welcome joyfully the voice and participation in association affairs of the young graduate. We need her youthful vision, her fresh outlook, her enthusiasm and ideals,—no matter how timidly or haltingly expressed. We demand, however, that her participation in nursing affairs shall be honest and intelligent, that she shall give time and study to the work she undertakes, that she shall profit by her mistakes and grow

in strength of purpose and ability to accomplish.

To be appointed on a board of examiners is flattering to one's self esteem, it pleases the trustees of one's hospital, it gives prestige to one's school. If one is connected with a private hospital, whose owner is a good advertiser, it is of infinite use to him. We are apt to forget that for each step in advance, for every honor conferred, for each bit of publicity or reputation gained, payment of some sort is exacted. The exaction of payment is like the mills of the gods, it may be exceedingly slow, but it is exceedingly sure and no human being escapes. We pay in honest work, in some contribution to the cause of those we serve. Or we pay in the loss of esteem and confidence of our fellow-nurses; we pay in a certain dimming of our ideals, in impairment of our moral well-being, and in the injury we do to the younger nurses and to our profession.

It is the height of folly to think that we can shirk accountability for any length of time. Stevenson, who has a word for any situation in life, says:

I have seen wicked men and fools, and I believe they both get paid in the end, but the fools first.

It is undoubtedly an act of folly for a superintendent of nurses, whose school is not a creditable one, making no progress, to consent to serve on a board of examiners. It does not add prestige to her school, in the end, nor does it enhance her professional standing and her reputation in her own community. More and more publicity is being given

to nursing affairs. Every day the general public gains understanding and knowledge of what a school of nursing should be.

Consider the absurdity of a person's helping to frame requirements for accredited schools, the worse than absurdity of her sitting in judgment on the schools of a state, when her own institution not only does not meet the requirements, but is making no effort to do so. Unquestionably, when a nurse finds herself in the position mentioned above, there are only two honest courses open to her. She should resign her position in the school or her place on the board. *Some of the poorest schools of nursing in the United States have been run by women who were on boards of examiners.* The writer once had knowledge of a school which was ungraded, which had no plan of instruction, where all the pupils, Probationers and Seniors together, attended classes when they could be spared from the care of the patients, no record of any sort being made of such attendance. The head of the school contented herself by saying that the conditions were beyond her control, and she continued to sit in judgment upon, and to put on probation or drop from the accredited list, schools which were at least no worse than her own.

Undoubtedly, the majority of the members of such a board should consist of women who are doing educational work. They should be the most progressive up-to-date women the state can show, and their appointment should be brought about irrespective of district, school, or politics. We need to spend considerable thought over the claim of the private duty nurses that they should

be represented on every board of examiners. Let us consider, for a moment, the work of the board. Its chief responsibilities are three in number: To set standards for schools of nursing, to make and enforce the requirements necessary to maintain those standards, to examine and register nurses. We all know and deplore the fact that the majority of private duty nurses do not keep in touch with nursing education after graduation. To many of them, the diploma marks the end of all study, all progress except such as they naturally gain in going from case to case. Scores of them do not own a book on nursing and hundreds of them never look into the text books left over from their student days.

The greatest need of the private duty nurse today is that she should have a cultural or educational background. In order to come into her own, she must be willing to devote more time to postgraduate work. The growth of institutes, summer sessions, short courses for public health nurses and nurses engaged in educational work, is one of the most promising developments of recent years. It is high time that private duty nurses did something of the same sort for themselves. There are plenty of people ready to help them but the movement must come from within their own ranks. Ida Clyde Clarke, writing of women's organizations in the August *Pictorial*, says: "Standards have got to be pushed up from the bottom." And that's worth thinking over.

To return to the appointment of the private duty nurse on a board of examiners, the question resolves itself, after all, into a personal one. It

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cannot matter what particular branch of nursing the candidate follows, if she has kept pace with the progress of the schools and if she is a student who will give time and thought to the advancement of nursing in her state. To be successful, she must be not only a student but also an authority in those studies in which she is the examiner. It is quite time to get rid of board members who are content to appropriate and use questions from published lists of examinations just as it is time to do away with the popular conception that cramming these same questions and answers into the minds of pupils is nursing education.

We need to emphasize the fact that the nurses of a state should absolutely control the governor's appointments to the board. This they can do because they have the power of the vote. Not long ago, the owner of a private hospital said: "The politicians of this district will not allow Miss W. to be appointed on the board of examiners of this state." If the nurses of any district believe Miss W. to be the right woman for the place, the matter is wholly in their hands. To allow politicians or people outside the nursing profession to manage our affairs, is sheer waste and neglect of great opportunities. If we are willing to work, if we come together unselfishly, intelligently, there is hardly any limit to what we may accomplish for the cause of nursing and therefore for the good of humanity.

We all recognize the great need of bettering our nursing organizations, beginning with our alumnae associations, teaching them their power and opportunity. To quote Mrs. Clarke again, in the same article: "*We expect too*

much of our organizations and we put far too little into them." A rather pitiful tale of wasted time and limited vision is this one: For a year and a half, a certain district organization has spent all the time of every meeting in a wrangle over what private duty nurses should charge, to the exclusion of every other matter and without arriving at any conclusion.

Curiously enough, a study of one of the attractive little state booklets of "Requirements and Curriculum for Schools of Nursing" sometimes gives no clue to actual conditions in the schools of that state. The requirements are sometimes taken *en bloc* from the requirements of other states and have not the faintest relation to the possibilities in the schools for which they are intended. To be without ideals in one's work is to starve spiritually, but if our eyes are fixed too persistently on the stars our feet may stumble painfully. Requirements which are impossible for all but one or two schools of a state are a very great detriment and a certain hindrance to growth. Requirements which the board has neither the intention nor the means of enforcing are bound to be morally bad. We have discovered that good laws which have a place only on the statute books and not in the lives or conduct of the people are evil because they are not honest. It follows that the requirements should be possible for a majority of the schools. It is wise to make them very simple in the beginning especially if the board has neither the money nor the machinery with which to enforce them. They may be easily amended each year.

To make progress in education, there should first of all be an awakening to a

knowledge to present conditions followed by a desire for improvement. On the part of the board there should be sympathetic understanding and a great helpfulness. We need to learn to fight conditions, not people, to fight without animosity and, what is harder, to fight without personalities. The big schools, in large civic centers, will continue to go forward, almost of their own momentum, but the little places scattered all about the country, many of them quite isolated and ministering to the needs of a whole community, need intelligent and careful treatment.

Apparently, we are at the beginning of a new era and the young ambitious nurse may well take courage at the thought of all the possibilities for good work which lie before her. For the rest of us, there is always the temptation to quote our beloved Robert Louis:

A spirit goes out of the man who means execution, which outlives the most untimely ending. All who have meant good work with their whole hearts, have done good work, although they may die before they have time to sign it. Every heart that has beat strongly and cheerfully has left a hopeful impulse behind it in the world and bettered the traditions of mankind.

THE USE OF INSULIN IN THE TREATMENT OF DIABETES MELLITUS

BY NELLIE GATES BROWN, R.N.

First Paper

ANY discussion of the condition known as diabetes mellitus (passing of honey sweet urine) must necessarily be preceded by a brief review of carbohydrate metabolism and its relation to the other metabolic processes of the body.

Review of Carbohydrate Metabolism—As we know, carbohydrates are taken in the form of starches and sugars, the former complex substances, the latter more simple sugars. By the process of digestion, these complex carbohydrates are split into the simple sugars, glucose, fructose, and galactose.

These simple sugars, formed as the result of the digestion of the starches and sugars, enter the blood stream through the portal vein and are carried

to the liver where they are converted into glycogen, the form in which carbohydrates are stored in the body. While the liver is the greatest repository for glycogen, some is also formed in the muscular tissue of the body.

Hypo and Hyper Glycaemia—As the tissue sugar is utilized, a new supply is brought by the blood, the sugar concentration of which varies from 0.1 to 0.15 per cent. A concentration higher than this is termed a hyper glycaemia; a lower, hypo glycaemia.

Carbohydrates as a Source of Heat and Energy—We also remember from our study of dietetics that the oxidation of carbohydrates provides the most convenient and rapid source of heat and energy with the production also of

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carbon-dioxide and water. Protein, the building tissue of the body, is a non-economical and difficult source of energy and while fats may be used, the products of fat oxidation, if carried on without an admixture of carbohydrates, are in themselves harmful.

Sugar Tolerance — Although carbohydrates form a convenient source of energy and are easily oxidized, there is a limit to the amount which a normal individual can utilize or store at any one time.

If, for instance, a large amount of sugar is eaten at one time, the excess will appear in the urine within a short time as glucose. Consumption of the simple sugars will produce this glycosuria in a shorter time and from smaller amounts than will the intake of the more complex starches, since the digestion of starch is a slow process and this absorption is continued over a longer period of time. This condition is termed an alimentary glycosuria and disappears within a few hours. The largest amount of carbohydrate which can be taken by an individual without producing an alimentary glycosuria is termed his "tolerance" for that form of carbohydrate.

Glucose is usually used in testing an individual's tolerance and normal individuals are expected to have a tolerance for an amount of glucose equal to $1\frac{1}{3}$ grams for each kilogram of body weight.

Diabetes Mellitus Described — This distressing disease has been recognized as a medical and dietary problem for many years and various treatments have one by one been devised, practiced, and discarded.

The symptoms and usual course are well known to laymen and physicians alike. The patient notices the increase

in the amount of urine voided, a corresponding increase in frequency of urination, abnormal thirst, and loss of strength and weight.

On examination, the urine is found to contain sugar from 0.03 to 10 per cent; and the blood, an increase in sugar concentration even as high as 10 per cent. Later, the complications of gangrenous extremities, carbuncles, and abscesses appear, the course usually being terminated by coma or sepsis.

It is apparent that the key which enables the body to utilize carbohydrates has been lost and the tolerance lowered. Sugars can be eaten, digested, and absorbed, but not burned, and therefore accumulate in the tissues and in the blood stream. The kidneys keep up a constant effort to remove the excess from the blood, and this produces the glycosuria. Varying amounts of the sugars taken are excreted,—in severe cases the loss even exceeds the intake. This diminution of carbohydrate oxidation impairs the nutrition, and as a result the pruritus, carbuncles, and gangrene appear.

The increase in fat oxidation which is necessary to keep up the functioning of the body produces acids which, if too greatly increased, lessen the alkalinity of the tissues to the point where consciousness is lost and the patients present the symptoms of diabetic coma.

Former Methods of Control — The regulation of the diet has been the chief factor in controlling diabetes. By omitting carbohydrates as much as possible and increasing the fats in the diet, the glycosuria can be fairly well controlled, but it was soon realized that a diet exceedingly high in fats seemed to encourage the rapid onset of diabetic

coma. Following this, better balanced diets were provided with carbohydrates included, but restricted to special types which were easily utilized; most of us have seen the oatmeal treatment and the potato treatment pass into oblivion.

More recently various modifications of Dr. Allen's starvation treatment have been used with a fair degree of success.

Early in 1922, the announcement was made that a pancreatic extract had been prepared and was being used with great success in the treatment of diabetic patients at the Toronto General Hospital.

The Pancreas as a Factor in Diabetes
—The function of the Pancreas in the digestive process by means of its external secretion has long been well understood. It has also been known that certain portions of the pancreas which are called the Islands of Langerhans, differ in structure from the rest of the organ and that these portions, possibly by means of an internal secretion, influence the metabolism of carbohydrates. These facts were proven by the following observations: removal of the pancreas in an experimental animal causes diabetes, the severity of the symptoms depending upon the amount of the organ removed; the suppression of the external secretion by ligation of the pancreatic duct does not produce diabetes. If the organ is entirely extirpated, diabetes may be lessened if not prevented by implanting portions containing the islet tissue in some part of the body. The portions of the gland containing the Islands are found to be degenerated, atrophied, or absent in diabetics at autopsy.

Since it has been possible to treat cases of disturbed glandular function

by means of glandular extracts, thyroid extract given for cretinism being probably the most successful, several attempts have been made to prepare a pancreatic substance which could be used for the treatment of diabetes. Until 1922, little success attended these experiments. The whole pancreatic tissue proved non-effective and extracts, while controlling glycosuria, produced other highly undesirable effects.

The Discovery of Insulin—While reviewing this work, Dr. F. C. Banting, then an assistant in the department of physiology at Western Reserve University, London, Ontario, conceived the idea of checking the external secretion of the pancreas, thus causing degeneration of the secreting cells by ligation of the pancreatic duct. In this way, he hoped to be able to procure from the degenerated gland a substance which would contain the secretion of the Islands of Langerhans free from digestive enzymes. Dogs were selected as the experimental animals and under the direction of the Physiological Laboratories of the University of Toronto, Dr. Banting, assisted by Dr. C. H. Best, obtained such a substance and by its use successfully treated animals which had been made diabetic. This substance he named "Insulin" (active principle of Insular Tissue).

To Dr. Banting belongs the credit for completing the chain which had been forged by a long line of experimental workers.

Preparation of the Extract for Therapeutic Use—Realizing that the discovery would be of great value to the medical profession, Drs. Banting and Best assigned their rights in the preparation to the University of Toronto. Under the

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direction of an Insulin Committee, methods were devised by which Insulin could be produced in sufficient quantity to treat human diabetics. In December, 1921, the first patients were treated at the Toronto General Hospital and the brilliant results obtained in the experimental animal were repeated. To increase the production, the Insulin Committee issued a permit for the manufacture of the extract in the United States to a pharmaceutical company already engaged in producing organic extracts. With the coöperation of this firm and the University of Toronto, Insulin is now being furnished to physicians throughout the country, who specialize in the treatment of diabetes, for use at various hospitals.

Methods of extraction and purification have now so advanced that pancreatic glands obtained from animals which are killed for food form the source of supply.

Action of Insulin—Insulin is not a cure for diabetes, but is a key which enables the body to utilize sugars. It is given by hypodermic injection (other methods of administration render it non-effective) before food is taken, and one unit enables the body to utilize 1.5 to 2.0 Gms. of glucose above the usual tolerance. The patient can be kept free from glycosuria and with the improvement in nutrition, the appetite becomes more normal, the thirst is lessened, and strength returns.

Standardization of Dose—To understand the standardization of dosage, it is necessary to consider the dangers attendant upon the use of Insulin. By the use of rabbits as control animals, it was soon determined that the injection of Insulin, unaccompanied by the inges-

tion of carbohydrates, produced a marked reduction in the percentage of blood sugar and that if this reduction reaches 0.045 per cent, convulsions are almost certain to occur. The convulsions can be checked and the animal restored to normal condition in an incredibly short time by the administration of glucose solution. Each lot of Insulin manufactured is tested upon several series of rabbits and one unit is the amount which produces convulsions in 60-70 per cent of the two kilogram rabbits used. Not only must convulsions be produced, but they must yield to treatment with glucose solution.

In addition to the tests for strength and sterility, other physiological examinations are conducted both at the manufacturer's and the Toronto Laboratories.

The extract is now so concentrated and well standardized that it can be procured in 5.0 cc vials in two strengths, one 10 units per cc and the other containing 20 units per cc.

Present Status of Insulin—Insulin must not at present be considered a cure for diabetes mellitus. It is a most valuable crutch for a crippled pancreas, but the problem of the cause remains to be solved.

There is great danger that the excellent results which are being obtained by the use of Insulin will tend to lessen the interest of research workers in the search for the underlying cause of the disease. The dietary treatment of the diabetic is fully as important now as before the advent of Insulin. Dietary control and the administration of Insulin are inseparable factors in the present diabetic treatment.

As we have seen, Insulin is not

harmless. Patients receiving it should be instructed concerning the diets and symptoms of danger and should be under good medical supervision, but properly used it enables the diabetic to regain his place as an active member of society and gives him a hopeful, happy outlook.

This change in attitude was well expressed by a patient whose condition had almost miraculously improved in this way: "I used to worry about dying from diabetes, but now my only worry is that I will be struck by an automobile."

IMPROVED METHOD OF APPLYING HOT SURGICAL DRESSINGS

BY SISTER M. DOMITILLA, R.N.

THE apparatus consists of a covered boiler, an ordinary potato ricer, and a pair of forceps. The dressings, ricer, and forceps are placed in the boiler, the forceps being supported on a rack so that the handles will be above water, and the whole is allowed to boil thirty minutes.

removes the cover from the boiler and by means of the forceps lifts the handles of the ricer out of the boiler. When it is cool enough to manipulate she opens it and with the forceps takes the dressing out of the water and puts it into the ricer. (Fig. II.).

The water is squeezed out by applying pressure (Fig. III.), and by means of the forceps the dressing is then applied to the wound. (Fig. IV.). If more than one dressing is needed, the process is repeated. Six or eight dressings can be sterilized at one time. If they are to be applied to more than one patient, the nurse removes the boiler to the bedside of each patient to receive treatment.

This method is especially valuable for hot surgical dressings where strict asepsis is required. Its advantages over the old stuppe wringer are that it affords better technic, the apparatus is less cumbersome, the work is speedier, and the dressings can more easily be made light and fluffy.

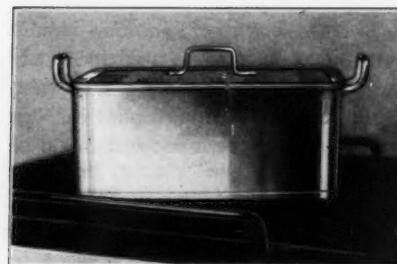


FIG. I

The boiler is then carried to the patient's room and set on an asbestos mat placed on the bedside table. (Fig. I.).

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FIG. II



FIG. III



FIG. IV

TELLING EVERYBODY ABOUT NURSING

BY FRANCES MALTBY, R.N.

AT least one state in the Union requires its high schools to have a vocational talk on Nursing each year and it may be there are other states as progressive, but the absorbed and busy nurses who are called upon to give these talks, as an aside from their routine work, do not rejoice.

"We are quietly doing our work, why should we talk of it?" is their inward protest.

The answers are these: Because a score or more (sometimes as many as thirty-five) other vocations are each year presented to high school girls, an increasing number of whom are needed

in the nursing profession; because, when comprehensively presented, the nursing profession does make a tremendous appeal (not only because of its humanity, but also because of its undreamed-of variety); because the average mother feels that the hospital would exploit her daughter; because hospitals are bound to exploit student nurses until the public is sufficiently interested in nursing education to endow schools of nursing. Who will inform that public unless it is the nurse?

If, in addition to her personal knowledge of the profession, the nurse who is pressed into speaking service, will

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also arm herself with the information contained in Miss Nutting's "Sounder Economic Basis for Training Schools" and Miss Stewart's "Opportunities in the Field of Nursing,"¹ an outline, and enthusiasm, she should find herself well able to cope with the situation. She should have also an inspiring poster for offices and bulletin boards, and, for distribution to all audiences, a four-paged leaflet called "The Challenge" which tells young girls what inquiries to make regarding schools of nursing²

The outline following this article has proved practical in addressing groups of every type, size and age. It can be logically divided into two or three parts or, with a few omissions, the talk can be cut to thirty minutes. The chief points can be used for a 10-minute talk or, on the other hand, when the audience consists of adults, there is the chance to add an explanation of the training school situation, that public sentiment may be formed and coöperation secured.

An immense amount of education can be done in the high schools by asking the principal to include in the audience the high school boys, and students of the 7th and 8th grades. Questionnaires returned by student nurses reveal that it was often while in the grades they had dreamed of nursing, and the psychologist says this is the vital time to get a message across. As for the boys, one makes friends with them at once by telling them they are there because some

day they will be voting whether or not their community shall employ public health nurses; that some of them will be on hospital boards of managers, and it is hoped they will see that the student nurse has a square deal; and that *one* of them may actually endow a school for nurses!

As so many other vocations are presented, we are sometimes given only 20 minutes. Then, when at the end of the allotted time, one turns and asks, "May I take the girls through training in five minutes?" and "May I come again?" there is assent and a suggestion from the principal that the high school annex also be given a vocational talk, for he has heard education stressed, and he begins to realize how much nursing information there is to give and that it is what the girls want.

But though, after your talk, half the girls raise their hands to indicate that they want further nursing information, though you post the poster, distribute the challenge, hand the principal multi-graphed articles for his high school or local papers (and they get printed, too); though you leave, for the vocational files, "Opportunities in the Field of Nursing" and a copy each of the *American Journal of Nursing*, and *The Public Health Nurse*, marked in especially interesting places, even then you still have the parents to deal with.

"You have convinced me; I wish you would convince my mother," the girls have exclaimed. Therefore, in its work, the Council for Nursing Education of Southeastern Pennsylvania sought out the Parent-Teacher Associations, and in addition to this, three 20-minute talks were given over Wanamaker's radio and every Philadelphia high school was

¹ These can be obtained at a cost of 15 cents each from the National League of Nursing Education, 370 7th Avenue, New York City.

² These may be obtained without charge from the Department of Nursing, National Headquarters, American Red Cross, Washington, D. C.

asked to announce them in assembly, that girls wishing to become nurses might tell their parents to listen in. As the radio carried the message as far as Cuba, Canada, and California, it was an effective means of advertising, and letters were received in reply. Church groups were obtained by giving 10-minute talks to the ministers' Monday morning conferences, of the different denominations. These were followed by letters to the ministers, asking for opportunity to address some church group, accompanied by the poster and "Challenge," for the bulletin board. In this way girls' societies and women's missionary meetings were addressed, and talks were given at evening services.

It is just a case of "here a little, there a little" (no matter how little) and before we know it, public sentiment *will* be formed and the profession of nursing will be understood as it has never been understood before.

We need to tell everybody about nursing.

OUTLINE FOR A FORTY-FIVE MINUTE VOCATIONAL TALK ON NURSING

Title: Opportunities for Success and Service in the Field of Nursing.

A. Need of 100,000 more nurses in this country. What it means:

- a. Increased demand for nurses.
- b. More varied work in the field of nursing.
- c. Types of girls who may find a place in nursing:

(It is well here merely to tell the types who may find a place in nursing, holding audience in suspense as to what each place is. That part comes later.)

1. Girls with an aptitude for nursing.
2. Girls with business ability.
3. Girls with a gift for leadership.
4. Girls with dexterity and steady nerves.
5. Girls with a gift for teaching.
6. The average girl of general

ability who wishes to prepare for home-making and, meantime, serve and earn a living.

B. Old fashioned ideas regarding nursing:

(What parents are apt to picture.)

- a. Floor scrubbing.
- b. "Menial" tasks for patients.
- c. Twelve hours a day on the wards.

C. What the facts really are:

(Answers daughters may give them.)

- a. Cleaning necessary as part of education, but no nurse's time or energy squandered on floors.
- b. Service not menial. Understanding and character developed through service. Whatever is necessary is dignified.
- c. Ward work:

1. Day duty, 8 to 10 hours, 6- or 8-hour day desirable, but often impossible, until the public is educated regarding schools of nursing.
2. Usually 10- to 12-hour night duty, though gradually coming to 8 hours. Only 6 months' night duty. Only 1 to 3 months at a time. Self confidence and sense of responsibility learned quickest on night duty. A life upside down from that of day time.

Despite all drawbacks, nursing offers more opportunities for success and service to more kinds of girls, and with less outlay of money, than any other profession.

D. Schools of Nursing:

a. What is the difference between a training school, a school of nursing, and a hospital?

1. Hospital contains the sick.
2. Near by is nurses' home where student nurses live. The training school, or school of nursing, consists of these student nurses and their course of study. Student nurses practice the profession they are learning in the hospital.

b. What should a good school of nursing expect of an applicant?

1. Age,—18 to 35 years.
2. Character.
3. Health.
4. Education.

Applicants are often accepted with only one year of high school; one year is not enough; four years are not too much; commercial course in high school does not debar applicant from training, has

taught her to systematize work.

Studies desirable in high school: Chemistry, Physics, Bacteriology, Sanitation, Social Science, Anatomy, Hygiene, Physiology, Psychology, English, History.

(Having just said so much about education, it is best to change the train of thought and stress the good times before returning to the mention of education.)

c. What should a girl expect of a good school of nursing?

1. Good times. Swimming pool or tennis court; parties; a chance to see friends in time off duty, and porch and sitting room for their reception; one-half day off duty on Sunday and also during the week. Vacation.
2. Care when sick.
3. Education—well qualified, full time nurse instructor.
4. Living (free during three years of training); room (single or with only one other student nurse); food (should be excellent); laundry.
5. Usual offer: Uniforms, text books, or \$6 to \$25 or more a month for their purchase. Do not select school of nursing according to the amount of money offered, for good and poor schools offer both much and nothing.

d. How to choose a school of nursing.

1. Be sure school is "accredited."

(It may be explained here just what "accredited" means, also something about state board examinations, and significance of "R.N.")

2. Visit at least four schools of nursing and their hospitals, interview superintendents of nurses
Look for: (a) refined surroundings, (b) sound and varied education, (c) refined companionship. (The highest type of student nurses usually found in schools of highest educational requirements), (d) a superintendent of nurses with whom you can be happy.

e. What every nurse should have during training or in a post graduate course.

(These may be made vivid by illustration with human interest stories.)

1. Experience in contagious diseases, and why: (a) that

combined theory and practice may give viewpoint, competence, efficiency.

2. Experience in care of nervous and mental cases, and why: (a) because practically every physically sick person is mentally sick, and a good nursing viewpoint may be obtained through this course. (b) Nurses should educate the public as to cause and prevention of mental sickness, as to frequent cure through prompt seeking of a specialist's advice. (c) Care of mental and nervous cases both a constructive and interesting branch of the profession, presenting opportunity for leadership and pioneer work. (d) In time all public health nurses will be required to have had a course in mental nursing.
3. Public Health nursing. (a) Two months' experience often offered during training. (b) Invaluable broadening experience for all nurses. (c) Credit,—for it may reduce the length of 9 months' post-graduate course in public health nursing taken by those who wish to specialize in this branch.

One of the best things about nursing is that from time to time the nurse may change her kind of nursing work to suit her health, family, circumstances, etc.

(Illustrate by story.)

It heartens the audience here, to say "And now we'll go through training in five minutes."

- f. Life in training. Make this five-minute description of one's life as a probationer as true and entertaining as possible with "YOU" stressed, that each one in the audience may for those five minutes, actually be a probationer in imagination. This should be a contrast to "heavy information" and make the audience want more.

The audience always appreciates appreciation and consideration. It likes to be thanked for its attention. I do it here, urging everybody to stand up a minute or two, open the windows and chat. The speaker also enjoys doing just the opposite!

(After reseating the audience, anticipation is aroused by saying that we have all graduated, and will now hear what there is in training for each type of girl.)

E. Opportunities after graduation.

a. Institutional.

1. Superintendent of hospital (business manager) for girl with business ability.
2. Superintendent of nurses, for girl gifted as leader.
3. Position as head nurse of operating room,—would appeal to girl with manual ability and steady nerves.
4. Anaesthetist: (a) In institution, (b) On salary for surgeons, (c) Independent.
5. X-ray operator.
6. Social service nurse.

(It holds attention best here to mention FIRST the type of girl, and next the type of work for which she is fitted,—just the opposite from the outline as given here.)

7. Nurse instructor,—should be girl gifted as teacher. (a) Practical nursing may be taught at once. (b) Nursing theory demands special college preparation.
(Here bring in a description of the five-year course given in about a score of colleges and universities, and culminating in both a college degree and graduation as a nurse.) (c) Nurse instructor may live in institution, or teach on hourly basis.

(Home Hygiene and Care of the Sick. Information regarding the Course in "Home Hygiene and Care of the Sick" stimulates the formation of classes which in turn fill young women with interest in nursing.)

b. Non-institutional.

1. Teaching Home Hygiene and Care of Sick, also work for nurse who loves to teach. Taught to high school girls, and to mothers. (Description, of course, and human interest story.)
2. Private Duty Nursing: (a) General, (b) Specialized.
3. Public Health Nursing: (a) In city work, apt to be divided among: Child hygiene nurses, School nurses, Tuberculosis nurses, Visiting nurses. (b) In country. 1. Nurse with whole community on her hands; teaches it to keep well. Description of baby work, school work, and clinics, given mostly by means of stories.

(Army, Navy and industrial nursing may be mentioned, but cannot be described in 45-minute period, even the mention of them, in addition to all the rest would bewilder, if this entire talk is given at one time.)

A forty-five minute talk is not too long if one minglest what the audience wants with what it ought to know. The usual class period is 45 minutes, and often a high school principal will cut out music, at the assembly period, so as to allow time for a vocational talk.

THE PRIVATE DUTY NURSE AS THE EXPONENT OF HER PROFESSION TO THE PUBLIC¹

BY LILIAN TRACY

WEBSTER says that exponent means expression or representative, and as the representative of her profession will I speak of the nurse.

First, last, and always she represents knowledge—special knowledge in her dealing with the sick. She is expected

to have *expert* nursing ability. That in itself covers a broad field for discussion but, concisely put, it means to the nurse herself that after her training she knows she has and is expected to have expert knowledge in the care of a patient; in securing for him all possible comfort; in winning his confidence and thereby maintaining control. She knows she must attain order and cleanliness in the

¹ Read at the Private Duty Nurses' Section of the Middlesex County meeting, Woburn, Mass., June, 1923.

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patient's room, whether by her own efforts or by the help of others, and her patient himself must by her own efforts be scrupulously clean. Let her cheerfulness be not of the kind that one longs to take by the neck and throw out the window, but let her be cheerful—a laugh a day, you know—and always an unfailing courtesy, in the sick room and out. Last and not least, what a nurse demands of herself is a knowledge of how and what to observe and how and what symptoms to report.

The public expects a highly trained woman, strong of body, calm of mind, with an inexhaustible supply of cheerful, uncommon sense. This is a large order to fill and to her credit be it said, that so many fine nurses have filled this order well that the profession is steadily advancing to higher ranks. Highly trained she *must* be, nor may she consider the goal reached with the receiving of her diploma. After that comes the acid test of independent endeavor. Then she understands the advice given by her former instructors. They who have traveled the road, sweat in a very agony of desire to point the road by which pitfalls may be avoided. Then may common sense, acquired from these pathfinders, be ours in large measure, for great common sense will be our best ally,—some call it tact and some think sympathy covers the ground.

As a result of this professional training by exacting instructors, plus intelligent, courageous effort on the part of the pupil, there will result a broad minded woman with courage to uphold her special knowledge. There are at times gradings and shadings of the prescribed hospital methods that can be resorted to with profit. A hard and fast rule of

conduct cannot be applied because of the differences of temper and temperament in the patient. But having knowledge of the essentials she may not slight, essentials to which she must hold at all costs, let her yet be elastic enough to secure them by yielding some unessential detail. It may be the patient prefers to take his medicine in some different or even absurd way. What matter the effort, the time, wasted in preparing it that way, if no essential good be sacrificed?

In treatment, likewise, just how the nurse is going to accomplish her work is an individual problem requiring every side of her nature to solve properly. So these three,—professional technic, tact, and sympathy, must work hand in hand. It must work for the comfort and, if possible, for the recovery of the patient. It must obtain for the nurse the care for herself that she may best meet that foremost duty.

It is a vexatious thought that one may not give oneself without let or hindrance and yet there is the fact, that to serve best, one must give oneself the best of care. The patient does not desire that the nurse kill herself in his behalf nor does he fail to react nervously when he sees her breaking under the strain. The law of care for oneself must hold for us all. Over the doorway of the Worcester court house there stands in huge letters these words—“Obedience to the law means the greatest freedom to all.” Deep is the truth underlying these words.

I pray that she may have tact, tact, tact to the end of time, for her feelings will be trampled upon, her strength taxed to the utmost, her sense of humor all but submerged. Yet the poise that

must be hers demands that her mentality be busy with the patient's demands and needs, in relation to health, to the loss of consciousness of her own personality. A few principles of personal health and personal honor are all she may remember in regard to herself, and her whole mind must be occupied with the means for the patient's recovery. Every honorable effort may be hers to employ, according to her resourcefulness. This will depend on her own grasp of her profession. So are we back to the thing demanded of us as a representative of our profession—expert knowledge.

How shall she maintain her position? She has her diploma and much experience behind it, but times change and memories dim. Let her keep up to the minute by reading medical papers and books, which are invaluable. I well remember a former nurse telling me of a child who would not eat eggs. Insistence seemed to involve his physical well being. The doctor, more surgeon than baby specialist, insisted that repeated trials be made—always the same symptoms of extreme pallor and prostration resulted with the first touch of the egg to the lips. During the day a temperature of 100 degrees would be noted. It happened soon that the nurse had to go on another case, and taking a day between, read up a little in books accumulated during her case. To her delight—and consternation—she found a case of a child, an infant, disliking eggs, with a doctor's comments on the case. To that child, egg was a poison. She sat down and wrote as tactfully as possible to the mother of her reading and suggested that she and the new nurse

check up symptoms again for the doctor and ask him if there was a case of poisoning.

So by all means let the nurse keep up to date with a case, that she may have expert knowledge of it in all its details.

Patients sometimes show an undisciplined side, if not during severe illness then in convalescence, and must be tactfully handled. It is hard to know when direct opposition is beneficial, if it ever is, with the adult. Usually a plain statement of the case and throwing responsibility on the patient is all that a mature mind needs. With children the nurse may well ask the help of God but omit no known remedy of her own to secure results. This is best illustrated by Angelo Patri's story of the boy who had a spelling test before him which he considered too severe for human preparation. He accordingly in his evening prayers asked God to see him safely through. "What is that?" said his mother. He explained the coming one-hundred word test. "All right," said she, "put on your bathrobe and slippers and come with me." For an hour they wrestled with the one hundred words, then once more repaired to the boy's bedroom. "Now," said the mother, "if you want to ask divine aid, do so." "What's the use?" he wearily replied, "I know 'em now."

Solon says, "Know thyself" and the Bible adds a helping word—"He that overcometh himself is greater than he that conquereth a city." So among all these wise sayings let us evolve this—know our subject, know ourselves and cultivate poise. So will a nurse best express and represent her profession to the public.

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MOUTH MANIFESTATIONS OF A DEVIATION FROM THE NORMAL¹

BY CAROLINE C. BOURQUIN, R.N.

SOME ONE has said: "Poverty is a disease," likewise neglect of the human body is indicated by a deviation from the normal. To counteract this great menace to civilization and to develop a race of sturdy, God-fearing people is the aim of the great profession of which we, as nurses, are a part. Associated with us in our efforts, but working in a highly specialized field, is an ever increasing group of young women known as Dental Hygienists. The work of these young women is both educational and practical: educational, in that they teach the proper care of the mouth and its upbuilding; practical, in that they examine the oral tissues, clean the teeth, massage the gums and chart all defects. For the hygienist to intelligently carry on her work requires a comprehensive knowledge of the mouth in its normal state; a knowledge of pathological conditions which may be encountered; and a mental picture of the dental defects which today are so prevalent.²

To examine a normal, well-kept mouth is a pleasure, for it glows with a beauty all its own. The lips are red with aerated blood. The mucous membrane of the cheeks and gums is a coral pink in color, which denotes the perfect oxidation of the cells and the thorough removal of waste products. The teeth are regular and are shining from careful brushing, while the tonsils show no enlargement or infection.

¹ Read at a District Association meeting.

² The anatomy of the mouth is so familiar to all nurses that a description is omitted.

Unfortunately this is a picture which is not often seen. Due to neglect, poor dentistry and disease, the mouths of 95 per cent of our people present a crying need for the teaching of hygiene,—hygiene, the great forward movement in preventive dentistry and preventive medicine!

To you, as nurses, falls the duty of instructing the mother of the new born babe as to its care. Do not neglect the mouth. Show her the proper method of swabbing it with a solution of boric acid,³ and impress her with the necessity of constant attention, especially if the infant be bottle fed. Teach her that milk is the ideal bone-building food, while vegetables, fruits and hard crusty foods are important adjuncts to the diet.

Causative factors in mal-occlusion or irregularity of the teeth are deficient diet, faulty habits, and neglect of the temporary teeth. This is deplorable, as neglect in any respect brings decay and the end result is mal-occlusion and a lowered efficiency of the permanent teeth.

Three positive signs of future mal-occlusion to be noted when a child is five years of age are:

1. Mal-position of any of the individual teeth of the true arch curve.
2. A lack of spacing of any of the temporary incisors.
3. A deviation of the upper and lower median lines which, nature decreed, should coincide.

Failure to heed these warnings means

³ A moot question!—Ed.

a progressively advancing defect which will alter the appearance, the speech, the efficiency of mastication and the general health.

The normal development of the mouth aids in the development of the nose and tends to prevent its obstruction by adenoids.

Care of the temporary teeth necessitates constant vigilance, for often chalky spots appear upon the enamel as a fore-runner of decay. Green stains and black lines, so often seen on the teeth of children, are caused by a fungoid deposit or a systemic disturbance and indicate the need of a more careful daily toilet.

Due to a lack of balance in the metabolism of the body, the lime salts from the blood stream and the saliva, are deposited more or less rapidly, as tartar, around the necks of the teeth. This is a great source of irritation and must be removed regularly, for tartar or salivary calculus is one of the principal causes of gingivitis.

Gingivitis brings about the recession of the gums, the infection of the periodental membrane and the ultimate destruction of the alveolar process with the loss of the teeth. Often the first intimation of this trouble, which is familiarly called pyorrhea alveolaris, is the red spongy appearance of the gums and the bleeding after brushing.

Another important factor which induces pyorrhea is poor dentistry. Poorly fitting crowns and bridges, rough and overhanging fillings, combined with a failure to restore the tooth to its original shape with cusps and contact points constitute a source of irritation to the gum tissue by the impaction of food and the breeding of bacteria.

Stomatitis or inflammation of the

mucous membrane of the mouth is another result of the propagation of bacteria which is most frequently observed in the mouths of neglected children. This is classified as catarrhal, ulcerative, aphthous, thrush, gangrenous and symptomatic stomatitis. The catarrhal type is characterized by a congestion and swelling of the mucous membrane with an enlargement of the mucous glands.

Ulcerative stomatitis, which occurs in mal-nutrition, tuberculosis and following some mineral poisoning, such as bismuth, mercury, phosphorus and lead, begins at the margin of the gums of the lower jaw and extends to the cheeks and tongue. Suppuration may develop and necrosis of the bone follow.

Aphthous stomatitis is marked by small white spots, surrounded by an inflammatory zone. These spots are very painful and are spoken of as cankers. They are observed in the mouths of debilitated adults as well as neglected children.

Thrush, which is caused by a fungus, usually attacks a marasmatic child. There is first a reddening of the mucous membrane, then the formation of patches of a shining whitish false membrane, which may extend from the tongue to the pharynx and the esophagus.

Gangrenous stomatitis or noma is, as its name implies, a necrotic disease. It develops in children between the ages of two and twelve years whose bodily condition is extremely poor. The prognosis is not favorable for recovery.

Symptomatic stomatitis is the term used to designate the mouth manifestations of measles, diphtheria, scarlet fever, typhoid, tuberculosis and syphilis.

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During an attack of measles the mucous membrane of the cheeks presents a diagnostic lesion known as Koplik's spots. These are small red spots each having a bluish white speck in the center.

Diphtheria presents gray patches of false membrane on the tonsils, uvula and pharynx.

Scarlet fever shows the well-known strawberry tongue, and typhoid fever the tenacious coating of sordes.

Tuberculosis manifests itself on the back of the tongue or floor of the mouth by yellowish-red nodules which gradually break down.

Syphilis, the scourge of the ages, is much to be feared and watched for. It is characterized by the primary chancre, the secondary mucous patch, and the tertiary gumma. The chancre may be recognized as a small crack on the lip or tonsil which has an indurated base. This induration increases but is partly destroyed by ulceration. Within a month the chancre is fully developed and presents either a round grayish granular surface or a concave ulceration. It has a sharp outline and a hard base. It is painless and is accompanied by an early enlargement of the lymph nodes under the jaw. The mucous patches occur most commonly in the inner surfaces of the lips, although the edges of the tongue, the uvula and palate may be involved. They appear as large or small, round or irregular plaques of grayish-white color

covered by a sticky secretion. The mucous membrane surrounding the patches is not unduly red. Both these syphilitic lesions are highly infectious. The gumma, which is not infectious, may appear in any part of the mouth. It develops as fatty or caseous infiltration of the tissue which breaks down into a sluggish ulcer.

Let me bring to your attention, also, the appearance of the mouth in the case of systemic diseases such as diabetes, nephritis, heart disease and anemia.

In diabetes the gums vary in color from a pink to a deep red, while a thick creamy pus is found along the margin. Decay is extensive, but the reparative work of the dentist is a difficult operation due to a possibility of gangrene should the soft tissue be injured.

Nephritis presents a picture of hard, firm gums, of a pale bluish-white color, from which a thin purulent discharge may be pressed.

In the case of a heart lesion, the lips are usually of a bluish tinge, the gums congested and hypertrophied.

Anemia is indicated by a lack of color, the gums being firm, hard and white.

There are many other mouth manifestations of disease which we encounter in our work as nurses, but the lesson to be gained by our study bears out the statement that any neglect of the human body, be it of the mouth or elsewhere, results in a deviation from the normal.

"As a result of my experience during the last four years in giving physicians post-graduate instruction in pediatrics, I have come to believe that what they lack is not a sound knowledge of medicine, but a knowledge of the child and of childhood."

BORDEN S. VEEDER, M.D.,
Journal of the American Medical Association.

WHO'S WHO IN THE NURSING WORLD



XXVI. MRS. C. VICTOR TWISS, R.N.

BIRTHPLACE: Cato, Cayuga County, N. Y.
PARENTAGE: Father, English; Mother, American.
PRELIMINARY EDUCATION: High school.
Taught school for six years.
PROFESSIONAL EDUCATION: Graduate of the New York Hospital, New York City.
POSITIONS HELD: Superintendent, Sloane Maternity Hospital, New York, for nine years.
OFFICES HELD: Director for seven years, and President for four years of New York State Nurses' Association; President, one year, New York County Associa-

tion; Treasurer, American Nurses' Association, twelve years; now serving as Second Vice-President. Served on American National Red Cross Committee, New York State Red Cross Committee, New York County Red Cross Committee, Special Red Cross Committee Central Club for Nurses, New York. Served on Board of Central Club for Nurses, New York City, six years. Helped raise funds for the Central Club for Nurses in New York. PRESENT ADDRESS: 14 East 50th Street, New York City.

EDITORIALS

"WHAT CAN BE DONE ABOUT IT?"

NURSES won't take hard cases," said the director of an important nursing service in discussing special nurses. "What can be done about it, when they refuse to care for patients so sick that one would think they would appeal to the sympathy of any person with a spark of humanity? We wanted specials in order to insure the best of care, but nurse after nurse refused because they were hard cases." And then she went on to ask, as many another executive has done, "What are we training nurses for, if they are unwilling to care for sick people?"

Nurses are justified in choosing special lines of endeavor, whether it be in health nursing or in sick nursing. We have no criticism to make of those who choose a specialty and consistently follow it. We do believe the criticism of the executive quoted justifiable, inasmuch as the nurses who refused the cases had chosen private duty in general, and special duty in hospitals in particular, as their field and in making the choice they certainly knew that not every patient would be easy to care for.

Registrars say that a nurse is sometimes justified in refusing a difficult case because she has not regained her buoyancy since the last nerve-wracking one. We agree with the registrars on this point, but when a whole series of calls is rejected by nurse after nurse one must look farther for the answer.

We all know individuals with a positive gift for following the path of least resistance. The nurse who discriminates against cases of typhoid, encephalitis,

acute poisoning, and the degenerative conditions, is assuredly following that pleasant path, but we wonder how she got through the school for nurses! Did she always have the easy side of the ward? Did she always have the uncomplicated cases? Did she never say to herself, "Suppose that had been my mother," or wonder what kind of care she might expect if one of these disastrous conditions befell her? Was she graduated only because the hospital thought it must have student nurses and took what it could get and then felt under obligation to graduate them? The question of why a nurse won't nurse baffles us because we cannot understand why she remains a nurse when there are other occupations that offer paths of less resistance to those who habitually choose the easy way.

To the question of the harassed director we would answer that we know of no cure for the faults of the individuals described. There will doubtless be fewer of them in the next generation of nurses if our schools can be so supported and staffed that nurses-in-the-making will have time to care for human beings who are sick, instead of for cases, human beings who are the mothers or fathers or brothers or sisters of some one who cares; human beings worthy of the same care we desire for our own families in time of need. In the meantime, those who ardently desire the easy way tend to eliminate themselves from a profession that demands the moral stamina to fight for a life on occasion or to stand the long continued siege that is sometimes necessary in order to restore health.

AMERICAN JOURNAL OF NURSING

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NEW YORK CITY

THE INTERNATIONAL COUNCIL OF
NURSES

WE make no apology for our frequent references to the marvelous opportunities that come to nurses for promoting understanding between peoples. We are sorely in need, in this unpeaceful time, of a better understanding by one group or one country of the problems of others, for "there can be no coöperation where there is not like-mindedness," or understanding. Our sympathy goes out in unstinted measure to Japan, because we understand elemental suffering as we have not yet come to understand lesser problems.

The International Council of Nurses, founded in 1899, exists for the purpose of promoting understanding among nurses of all nations. Its expressed objects are to provide a means of communication and opportunities for conference upon "questions relating to the welfare of their patients and their profession."

The recent meeting of the Executive Committee in hospitable Copenhagen, summarized on another page by Miss Noyes, was animated by a true spirit of internationalism, by a sincere desire to arrive at sound conclusions through frank discussion. The confidence of the gathering in American nurses was indicated by the decision to refer the question of a revision of the Constitution and By-laws to the American Nurses' Association. The report indicates real advances in understanding and good will and augurs well for the further promotion of a genuinely international accord which we believe will exert an influence far beyond strictly professional bounds.

CANADIAN ASSOCIATION HEADQUARTERS

THE *Journal* extends most sincere congratulations to the Canadian National Association of Trained Nurses upon the establishment of a National office at Winnepeg with Jean S. Wilson in charge. This progressive movement is but another evidence of the sturdy purpose that is so characteristic of our friends across the border. It is one that will substantially assist them in carrying out the objects of the association. These objects we take pleasure in quoting because the spirit of human kindness is so implicit in them that many of us would do well to refresh our memories as to the purpose of such organizations. The objects as set forth in the Constitution of the Association are as follows:

1. To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada.
2. To acquire a knowledge of the methods of nursing in every country.
3. To elevate the standard of professional nursing education.
4. To promote a high standard of professional honor among nurses in all their relations.
5. To encourage a spirit of sympathy with the nurses of other countries.
6. To afford facilities for international hospitality.

PROGRAMS

IN her article on Boards of Examiners, Miss Gladwin tells of an association that spent a year and a half in utterly profitless wrangling over the charges of private duty nurses, probably only one

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example of opportunity wasted by organizations. The mere coming together of nurses will mean little unless the association, whether it be an alumnae or one of larger size, is animated by definite purpose and makes a sincere effort to avoid trivialities. Program committees have a most serious responsibility. Theirs is the duty of providing interesting and inspiring meetings and presumably no two organizations will respond to exactly the same stimuli.

The program for the year will not be vital and fruitful if it is planned to look well in print or to accord with ideas expressed by some distant state or national officer, but without the actual needs of the membership and the community in mind. Nor will it be of sound worth unless the principle of satisfying service, which is basic to all nursing projects, be kept in mind.

The problems of the small hospitals are demanding careful thought. The methods and routine developed in some of them are undoubtedly worthy of much wider circulation than they have received in the past. Organizations in localities where good small hospitals exist would do well to make some comparative studies along these lines. The general subject of nursing hospitals that are without schools for nurses should bring out much valuable discussion, particularly of the training and utilization of attendants. In large centers where the demand for private duty nurses is usually greater than the supply, consideration should be given to the development of "Group Nursing" and the conservation of professional skill that might be effected by such means.

Some basic problems there are which should interest every nurse and every

organization. Among these may be noted the report of a committee of the American Medical Association on the training of nurses. This report may be found in the *Journal of the American Medical Association* for June 30.

Coöperation is another fruitful topic. One of our most generous minded women writes: "Few of us really know what the term means. Usually it means 'if you agree with me, I coöperate, but if you do not, it is you who are unwilling to coöperate.' People know so little about the give and take of living together."

Says Agnes G. Deans, "Nurses should be taught thrift so we may have fewer women pushing on to the very end because they have saved nothing, who if they became helpless, have only the Relief Fund to fall back upon." Insurance, investments, and budgets are topics that could be presented briefly and cogently by experts.

We know that many associations are devoting time to needed practice in parliamentary procedure, but many others are moving haltingly because they are unfamiliar with the courteous and expeditious methods of conducting meetings and consummating business.

With the world constantly hammering at our doors for nurses with social vision as well as technical skill, we would do well to use more lavishly the resources of the national health organizations. The American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing are constantly ready through their secretaries at Headquarters to act in an advisory capacity to individual nurses, as well as to the component organizations, but

beyond these are the agencies dealing with particular phases of the health movement.

Child health, tuberculosis, mental hygiene, cancer, social hygiene, cardiac disease are all subjects that cannot be too insistently kept before the nurses of the country. The national organizations dealing with these problems are all eagerly seeking the coöperation of nurses and they take infinite pains in selecting material or securing speakers in their own specialties. All are located, as are our own national organizations, at 370 Seventh Avenue, New York City. Their resources should be freely drawn upon by program makers, and that veritable gold mine, The National Health Library, should be more generally used.

The work of a program committee is arduous, but it may and should bring large returns.

JAPAN'S TRAGEDY

FROM all quarters of the globe swift messengers of sympathy are hastening toward Japan. In this country, "the Greatest Mother in the World" is actively at work lending aid and succor to that stricken country. Responses to the appeal for funds have been as spontaneously generous as during the great drives of the war days, and we believe that nurses have contributed their share. In the true Red Cross spirit nurses all over the country have written and telegraphed to the Director of the Red Cross Nursing Service offering their services, but up to the date of writing the Japanese ambassador has felt that, in all probability, additional nurses

would not be required. Clara D. Noyes, Director of the American Red Cross Nursing Service states that if nurses are needed they will be called through the Local Committees nearest Japan. These are the American Red Cross Committee in China of which Josephine Valentine of the Soochow Hospital, Soochow, is Chairman; the Committee in the Philippines, and the one in Honolulu.

The Japanese Red Cross has a nursing service of about 3,800 nurses. All honor to them if they succeed, unaided, in meeting the demands made upon them by this most appalling disaster with its attendant dangers from the pestilential cholera. Reports indicate that the Land of the Rising Sun is not supinely accepting the blows of fate and awaiting assistance, but that, in a spirit in keeping with its symbol, it is courageously setting about its own rehabilitation. American Red Cross nurses will, we know, remain in readiness to respond should a call come, for again a mighty tragedy has made the whole world kin.

PRIVATE DUTY NURSING IN THE JOURNAL

EVERY once in a while we are told that the *Journal* seems to be more interested in hospital or in public health nursing than in private duty nursing. Having been private duty nurses, the editors have the same passionate sensitiveness to matters pertaining to private duty that is so characteristic of the group as a whole. We suffer when the private duty nurse is criticised. We rejoice when she is commended. She is at all times the object of sympathetic interest and we are much disturbed when we are told that we are neglecting our

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friends. One of our editorial obligations and privileges is that of serving, as adequately as lies within our power, the private duty nurses.

No number of the magazine is ever planned without thoughtful consideration of the needs of this great body of nurses. Most issues carry at least one article dealing specifically with this specialty. Always there are articles prepared or selected for their potential value to private duty nurses although the titles may not so indicate. Of course the value is nil if the article is not read! We well know, since we have often done it ourselves, how easy it is to glance over a table of contents and miss the very article that would have proven most helpful and later to be chagrined to find our friends assuming that of course we had read it and were well informed.

This number of the *Journal* illustrates our point. It contains only one article on private duty as such. Other articles which we believe should particularly in-

terest private duty nurses are Miss Brown's initial paper on Insulin, Miss McMillan's concise discussion of some of the newer developments in hospitals, and Miss Gladwin's pungent article on Boards of Examiners. Sister Domitilla's practical procedure is planned for hospital use, but can be readily adapted for use in homes.

Private duty is so all inclusive that it is difficult to draw the line between subjects of general and those of special interest. We believe the good private duty nurse, she who is a worthy "exponent of her profession," reads far beyond any limit that could be set as the boundary of private duty nursing. We would, however, remind private duty nurses that they are themselves the logical source of private duty material. The editors welcome both suggestions and contributions. If you have constructive ideas, tell them to the *Journal*. It will do its utmost to "put them across" for the use of other nurses whose problems are similar to yours.

NEED STAYING POWER

"There is no genius like that of holding on and making continuous effort under difficulties.

"There are a thousand people who have talent to one who has grit. Brilliancy gives up and talent gets disheartened before difficulty and lets go.

"There are some very brilliant men in public life who almost do things; men who raise great expectations in some particular line, but who never win out. They remain perpetual prospectuses of works which are never published.

"I believe that more people fail from lack of staying power than from almost anything else."

ORISON SWETT MARDEN.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE TEACHER IN SCHOOLS OF NURSING¹

BY CLARA F. BROUSE, R.N.

HAD this subject been presented even fifteen years ago, there might have been much scepticism expressed by all but the leaders in our most progressive schools, for then the teaching of nurses was considered simply an added obligation of a much burdened superintendent. Today, however, the instructor is taken quite as much for granted as is the assistant principal.

There is of course much specializing among instructors in large schools, but I shall discuss the instructor from the standpoint of my own experience, which I believe is quite typical of the school connected with a hospital of 150 beds. In such schools one teacher carries the bulk of the class work with, perhaps, the exception of that in nursing procedures which is taught by the Assistant Principal who follows up her work with supervision; dietetics is taught by the dietitian; pediatrics during an affiliation; and chemistry and massage by outside teachers. The specialized teacher says such a variety of teaching is impossible. It is, theoretically, but practically it is being done every day. Again glancing backward at the busy teacher-superintendent of the last generation, and noting the leaders of our profession whom she has taught, I hesitate to criticize.

In her relationship to the hospital

administration, the teacher today has a recognized place upon the staff of the school of nursing, and is given due consideration by the heads of the various departments. It is only with coöperation of head nurses that there may be any real correlation between the subjects taught in the class room and the practical nursing of such patients. Here the non-resident teacher may be at some disadvantage, which is only compensated by the keenness of the pupils in reporting cases in class, for they do love to give information to the teacher, do they not?

Any hospital organization, financially able to support a school, will expect a certain expenditure for new teaching equipment each year. I feel that the instructor should appreciate this, and never neglect to ask for a reasonable amount of new material such as additions to the library, laboratory, or class room. The administration should recognize, also, that adequate preparation for teaching requires a large investment of time and money and the financial return to the instructor should show a corresponding increase. Needless to say, each teacher should be granted sufficient time for her own thorough preparation for the day's work and should have pupils in class on time at each scheduled period.

The teacher who is not a supervisor has a peculiar relationship to the students. They approach her with perhaps

¹ Read at the annual meeting of the Ohio State League of Nursing Education, Akron, Ohio, May 4, 1923.

less awe and more sincerity and confidence. She is a friend, truly interested in their progress and problems, and to her come all the questions the head nurse has had neither the time nor the inclination to explain. This teacher must therefore be sympathetic with the changes taking place in the thought and character of the student, as she adjusts herself to this very new environment.

The pupil comes to us so inadequately prepared by her preliminary education. We wonder whether her school work was just studied to be forgotten, for she says the World War was one of the Crusades; that the boiling point is about 120 degrees; she cannot multiply fractions nor solve a proportion. Teaching solutions is a problem for us all, is it not? However, as a redeeming feature, the preliminary student is interested in everything. Her questions cover the entire range of medical knowledge. She is a Freshman in age and manner, a bounder, irrepressible, but an enthusiast, and as such a joy as a student. Her second year, a very critical period, finds her quite blasé. She now knows it all, is bored, deigns to ask questions at rare intervals, and makes a futile attempt at acquiring a professional manner. In her last year she shows her true self. She has acquired poise, she sees clearly and kindly, and if she is a really good student nurse, she shows the humility and consideration for others which can come only after trials have been conquered and the privilege of nursing, as a fine type of service, truly appreciated.

The nurse teacher, as other educators, must keep before her the fundamental five bold ideals of education of Dr. George Strayer, which include, you remember, a healthy body, an alert intel-

ligence, a development of social and moral ideals, a vocation, and training for leisure. This must be the background in presenting any subject which will tend to influence the lives of her students.

In considering the teacher herself, let us look back at the qualities in our teachers which have helped to mold our lives. It is not so much the subject matter taught as the personality of the teacher which has remained. She has helped us to see, and to think, and to appreciate our fellows. So our ideal teacher must be a woman alert and responsive, optimistic and courageous, and above all she must be deeply and truly spiritual if she is to interpret life in its lights and shadows to young students. She must also be an excellent nurse not only during her period as a student nurse, but with an additional experience of Private Duty well done, head nurse or operating room supervision adequately accomplished or a period of district nursing. Do we not all recognize the alchemy of the phrase "I once had a patient" when we are trying to keep up interest in a group of healthy, fatigue laden pupils.

The nurse-teacher then must have personality and fundamental education, for a teacher without high school education is inadequate, and to nursing experience must be added special training—the more, the better. This may take the form of one of the various splendid courses offered, particularly adapted to nurses, as the one at Teachers College or it may consist of college or normal work nearer home. There are opportunities for advanced study offered in almost any community today, at universities, summer school, night school,

Y. W. C. A., literary or Civic Clubs which help materially to keep a teacher alert and interesting. No matter how resourceful we are, none of us can progress very long without coming in contact with other minds which stimulate thought.

A teacher must see to her own recreation and must have will enough to keep out of a rut, by attending social functions, concerts, lectures, theaters, and church. She cannot be a good teacher, if she knows nothing but the content of her nursing subjects. Outdoor exercise which gives her real pleasure is excellent for her leisure time. The stress and mental strain of conducting the variety of classes required of the average teacher necessitates a long vacation period with a change of scene and vegetation is very good mentally and grubbing in vegetation is very good physically. So outdoors and sunshine and quiet will rebuild both our minds and bodies.

May I speak a word of warning to over zealous young nurse-teachers? Do not struggle for a degree; if it comes incidentally as you are acquiring things you really need and will use, of course accept it. Do not sacrifice health, or nerves, or personality, for they are the foundation stones of all truly good work.

In conclusion may I say, a nurse teacher has but one thing to teach, and that is nursing for health, and if she does not apply each subject directly to this one theme, she will not hold the interest of her students or give them knowledge they will retain. For, it is only by the practical application of theory, that we can expect our pupils to grasp its content. Their energy is much too precious to waste upon mental gymnastics, when the finest type of mind growth can come with the science, skill and idealism, which are the basis of all our nursing.

THE VALUE OF EDUCATIONAL METHODS²

BY W. J. BANKES, M.A.

I AM not a specialist in nursing education, but I do know something about the method of teaching, so I want to present some things to you, as we see them today, in regard to education and some of its applications, which should be kept in mind in all schools where education is developing.

There have been changes and changes in education all down through the ages. Spencer says education is to prepare ourselves for complete living; Herbert

says the chief aim of education is character building; Dewey says the complete aim of education is social efficiency; and we have had some educators who claim education is a disciplinary process. So we have a disagreement. Down to the present day we have certain objectives in education and I want to touch upon those and make a few statements with reference to them. I presume most of you have studied the seven cardinal principles of education. It is not my purpose to bring them before you, as I have not the time to discuss so many in such a short time, but I will bring before you

² Read at the annual meeting of the Ohio State League of Nursing Education, Akron, Ohio, May 4.

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five which I think are modern objectives in education.

First, we have Health and Physical Efficiency. I believe one of the most important things is health. We must have health and physical efficiency if we are to be successful in any line of work. In this modern day all pupils should be required to take a course in Biological Science in order that they may be able to go out into the world and cope with the situation.

Let me turn to our public schools. In all our modern schools you will find they have recognized that sunshine and open air are essential elements for the welfare of the child and have so arranged their school rooms that the weaker children can be placed at the open windows whereby they can receive the benefit from the open air and sunshine, thus gaining a stronger physical efficiency by permitting the windows to be open, and the weaker bodies eventually brought up to the standard. I do not need to call your attention to the thing you already know, that which applies to your particular organization is the nurse in the public school and public health work. That is a vital feature in education today, and is growing rapidly, so much so that in all the larger cities you will find a section in each of the schools where that work is carried on and the coöperation of your department with their department of physical efficiency means a great deal to the community, more than any one will ever be able to measure. We cannot do things unless we have physical efficiency.

Second, Mastery of the Tools of Formal Learning. There was a time when teaching in any school was stressed by

paying attention to the subject matter to be taught. We no longer stress the subject matter, but it is the pupil in school we hold in line. We should make an individual study of the pupil, the home conditions, his environment, his heredity, in order that we may lay the foundation for a real education. For illustration, a child is asked by its teacher if it took a bath before coming to school and the child out of fear of humiliation will say yes, when in fact he did not. Subject matter is not the only thing to be considered in the school today, it is the pupil that must be stressed instead. There must be a sociological study of the child, we must understand its environment and home conditions outside of the school in order that we may be able to reach clear down into the child's heart and plant the proper foundation for its education. Every teacher must know something of the individual child who sits in her class room, if anything is to be built up that is worth while in its development.

We have a psychological aim as well as a logical aim in education to be developed. Some think that high school students should know certain subject matter. It is true, they should, but it is also true that in connection with that, they must also have a psychological aim, which means that you must know the pupil to be taught, you must know how to bring the subject matter to him so he gets it to the best advantage. We must know the type of the individual in order to develop the education. You may be ever so logical and still be wrong. I am making the statement because we have a great many things in the world presented as though they were actual facts without an

analysis of conditions. The socialized school has been very much in the lime light—so much so, that I smile sometimes when they call me in to a tea, and when I drop in, I drop out again before they ask me any question about the so-called socialized school. In a socialized school we should sit down like a family circle, have a really social conversation, talk over matters and have a chance to express ourselves, thus participating in a natural way and doing away with the frills and fashions of formal learning. In other words, we must make our school as if it were life and not life here, but life out yonder and as soon as we do so, we will not fall far short of reaching the aim.

Third, Vocational Efficiency. We must see life in terms of "work." It is our duty to point out the skills for the different types of work—pre-vocational work, schools for abnormal children, schools for crippled children, and professional schools, all of the sort of thing which will bring to our pupils something they should know. We must keep in mind that there must be a vocational efficiency, and that means we must study our children through tests and analyses that should be made so that we can be better able to choose our students for various professions. I have a sort of a hobby myself in making an analysis of all these various types and assorting them where they belong. To develop this vocational efficiency, a great deal of time must be spent in determining the characteristics of the individual.

Fourth, Play and Recreation. Leave off the first word and call it Recreation. We must teach the value of recreation by teaching the various elements of life and we make a place in our public

schools in the regular schedule for all of these activities. Play time is scheduled; recreation scheduled. We can tell the character of people by the way they spend their recreation hours, and when our children go out into the world they should go out with a knowledge of the value of what proper recreation means.

Fifth, Appreciation of Values in Race Experiences. We go back into the experiences of our ancestry, and everything in life which comes about and which is appreciated, is built out of the experiences of our ancestry. There are a great number of them. I have jotted down a few: obedience, kindness, honor, truthfulness, cleanliness, cheerfulness, honesty, self-respect, helpfulness, industry, economy, initiative, justice, usefulness, patriotism, courage, self control, prudence, benevolence, politeness, fortitude, perseverance, sympathy, comradeship, patience, hopefulness, determination, and hundreds of others which you should have in your general make-up. Where do you get them? A true perspective of the whole situation comes from an appreciation of values in race experiences, and the proper interpretation of race experiences as they come cannot be obtained without this knowledge for a background. We should have our pupils, under our direction, come to the true appreciation of these values and we get them by more academic work and a broader education. The more we study, the more we get of these real values, and the more we are able to appreciate them.

In closing, I want to touch on the difference between training and education. There is a great difference between training and education. You can train any of the lower animals. A man

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can be trained the same as an animal, but he should be given the opportunity to do a little thinking, to develop the different things that come up in the different studies. There is such a thing as training without education. We have done too much along the line of training and not enough along the line of education. We should get down to the point of asking questions about this,

that, and the other thing and when we do, we will have a chance to develop and we will become really and truly educated. Education will give a broader outlook on life. Those who are educated should not hesitate to break loose once in a while and reach out into the field, in order that they may better the race and bring something worth while to the people among whom they live.

LEAGUE NOTICES

The Report of the 1923 Convention at Swampscott is in press and should soon be ready for distribution.

The attention of every League member is directed to the pages containing the Report of the Committee on Revision. Please read this Report first, study carefully the suggested changes and show your interest and coöperation by complying with the request of the League Board to send new suggestions, your criticism or approval to Mary C. Wheeler, Chairman, Illinois Training School for Nurses, Chicago, Illinois, before December 1, 1923.

THE 1924 CALENDAR

The Executive Secretary announces that the fourth calendar published by the League is now in print and should be one of the most popular in the series.

The frontispiece, the entrance to Yale University, is very beautiful. The keynote of the calendar is "Progress," with a foreword by Miss Nutting.

Each month is represented by a splendid photograph of one of our most popular women.

The tones are soft and beautiful and the whole effect artistic and pleasing. No graduate or student nurse can afford to lose the opportunity of having one of these attractive calendars. Orders may be sent to Headquarters at any time for later delivery. The price will be \$1.00.

EFFIE J. TAYLOR.

THE NATIONAL COUNCIL OF ADMINISTRATIVE WOMEN IN EDUCATION

One of the objects of the National Council of Administrative Women in Education is "to give opportunity for the informal discussion of educational problems of special interest." The Council is affiliated with the National Education Association and the National Council of Women of the United States. Membership in the organization seems to offer real opportunity for the Directors of schools for nurses. Information may be obtained from the Secretary, Edna E. Hood, 166 Sheridan Road, Kenosha, Wis.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NOTES ON HOSPITALS AND SCHOOLS OF NURSING IN COPENHAGEN

THERE is usually little time when members of Executive Committees during a nurses' convention may visit hospitals and schools, even though invitations in large numbers may be received and read from the platform. In Copenhagen, at the recent meeting, July 30-August 1, of the Executive Committee of the International Council of Nurses, this was not the case. The officers as well as guests were entertained by the Boards of Directors of Hospitals, quarters within the institution being provided for all who came, if they so desired.

The Bispebaerg Hospital entertained in its modern and attractive Residence for Nurses: Baroness Mannerheim, President, International Council of Nurses; Lloyd Still, Matron of Florence Nightingale School, connected with St. Thomas' Hospital in London; J. Bicknell, representing the National Organization of Nurses of New Zealand; Countess D'Ursell, President of the National Association of Belgium; Clara D. Noyes, representing the American Nurses' Association; Isabel Stewart, Teachers College. This was quite a tax upon the busy Director of Nurses, Charlotte Munck, especially when she too must attend the meetings, and furthermore as the Instructor of Nursing of the school, Christiane Reimann, is also the Hon. Secretary of the International Council of Nurses. This arrangement, however, gave an opportunity for advance conferences, as nearly all arrived

several days before the meeting began, as well as committee meetings at intervals between meetings.

Excursions to the Rigshospital, Fin-sen, Kommune and Bispebaerg Hospitals, were arranged in such a manner that all might go without interfering with the meetings.

Readers of the *Journal* will recall with pleasure Baroness Mannerheim of Finland, and Miss Munck of Denmark, who attended the Atlanta Convention in 1920, as representing their respective Associations at a meeting of the Executive Committee of the International Council of Nurses, called in conjunction at that time with the biennial meeting of the American Nurses' Association. Miss Gunn from Canada, and Miss Noyes, then President of the American Nurses' Association, were also there. Miss Dock, Secretary, and upon whom much depended, was unable to get farther than Washington, because of a railroad strike. Little, therefore, was accomplished.

The Baroness Mannerheim is a graduate of the Nightingale School of St. Thomas' Hospital, London, and Miss Munck of the Presbyterian School of Nursing, New York City. Both speak excellent English, as well as Miss Reimann, the Secretary of the International Council of Nurses, who has had a year at Teachers College in Training School Management, and is now planning to return for another year.

The Bispebaerg Hospital and School of Nursing, like the Rigs, Kommune

and others, is supported by State funds, and the graduate nurses employed therein are all Civil Service appointees. It is quite usual to find Director, Head Nurses, and Assistants, remaining many years, or until the legal retirement period is reached. It is also usual to find several graduate staff nurses in each ward. These too may remain for years with little chance of promotion. This plan, unquestionably, gives great stability, but it would appear to restrict the development of self-reliance and executive qualities of student nurses.

The system of nurse education in this institution is quite modern. The direction, unlike some of the others, is centralized under the Director, Miss Munck. A modern residence, with single rooms, accommodates about two hundred and seventy-five students and faculty. Class-rooms, a full-time nurse instructor, pleasant, well and tastefully furnished library and recreation rooms, bright, sunny dining-hall, with adjacent serving room, (the food is cooked in the central kitchen), plants, flowers in great profusion, make a unit that not only compares favorably with the best schools in America, but surpasses most of them in such external attractions as flowers, especially roses, shrubs, trees and tennis courts. The minimum length of course, as adopted by the Danish Nurses' Association, is three years, and while as yet nursing is not controlled by a state law, the Danish Nurses Council (Association) maintains a registry of all nurses meeting the standards adopted by that Association. This Association like those of Norway and Finland, exercises oversight over all nursing affairs, and is slowly working toward a higher standard and greater uniformity throughout the

Country. More will be said later about the activities of the Danish Council and its officers.

The Bispebaerg Hospital, the correct pronunciation of which by much and arduous practice was gradually acquired, only about ten years old, stands on the outskirts of the city in a beautiful park of about twenty-seven acres, and accommodates between four and five hundred patients. The buildings are of red brick, all detached, and with the exception of the administration building and the Nurses' Residence are not more than one or two stories high. Each is surrounded by its own special garden with flowers in great abundance, ornamental shrubs, trees, hedges of black brick, drives, walks, lakes upon which swans and ducks seem perpetually swimming, a large garden from which strawberries, large and luscious, red currants, which grow on bushes higher than one's head, gooseberries the size of green gages, and other fruits as well as vegetables help to provide a varied diet for both patients and staff.

A large chapel and mortuary form part of the hospital plant. All buildings are connected by tiled "subways" which seem to stretch for miles, but which are very necessary because of the frequency of rainy days. Men, women and children, medical and surgical, are admitted, while a superb department of physiotherapy, has skillful, highly trained attendants, who are constantly at work upon many types of patients. It will be recalled that massage and corrective work of all kinds have been highly developed in the northern countries of Europe. The entire hospital is not only equipped with every modern convenience, but is a model of

cleanliness and in perfect repair. Tiled floors and dados, fresh paint, highly polished wood, bright brasses, comfortable chairs with gay covers, plants and flowers lend a cheerful and finished air.

The supply room where the pupils are detailed was a marvel with dainty packages of supplies, and the stupe flannels and bed-pan covers, button-holed in red, were works of art.

One could not leave this hospital without speaking of the kitchen and supply rooms, and laundry, sewing and mending, the quarters for "help," etc. The kitchen is large, with high ceiling and well lighted from two sides, both floors and side walls tiled, well equipped with modern cooking equipment, polished and bright, directed by a well trained Hospital Dietitian, and provides the cooking for the entire institution. The equipment for carrying food through the subways was particularly good. There was ample cold storage for milk, butter, and eggs; vegetables and meats were plentifully stocked, and well they must be, as four meals a day are served. The nurses have an early breakfast of tea, coffee and bread; a second breakfast at about eleven, which is ample, corresponding to luncheon in this country; dinner at about three p. m., and a light supper at about eight p. m. The laundry with modern equipment, like the rest of the institution, is wonderfully clean, light and well managed, and does an enormous number of pieces per day, as it is the central laundry for all the municipal institutions, where even the patients' stockings are ironed. Neat automobile trucks, marked with the name of the different institutions, dart in and out of the grounds, transferring soiled or clean linen, as the case may be. The mending room, where

a large corps of women is kept busy, performs marvels in mending stockings, sewing on buttons, making buttonholes, all by means of special sewing machine attachments.

One is struck by the tidiness of the patients,—clean comfortable clothing, of winter and summer weights, stockings and slippers, all help to complete the picture of an efficient, up-to-date, modern hospital. The tidy uniforms of student and graduate nurses, as well as those of the employees, add finish to the picture.

One cannot close this description without speaking of Miss Munck, the motherly, efficient Director. She might be regarded as radical, for she it was who introduced many innovations; adopting caps and using bed-spreads instead of the continental pillow-case effect, into which blankets are slipped and then buttoned in.

A sweet religious atmosphere prevails, the fine Lutheran morning hymn, to the accompaniment of an organ, (the piano is used for lighter secular music), sung by rich young voices, waked the guests from their well-earned night's rest. If one rose hastily and looked out, students and graduates in large numbers might be seen wending their way through the park to their respective posts. Religious teaching forms a regular part of the educational programme. As it was vacation time, some of the guests used the rooms of absent Head Nurses, although several moved out to accommodate the guests. These rooms, nearly always furnished by the nurse, for it must not be forgotten that she might stay many years, were most attractive, consisting of two small rooms, bed and living, or one large room. None had

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baths, these were centralized and were always showers. Many rooms had beautiful old mahogany, oriental rugs, fine old prints, and if the nurse is musical, her very own piano, while large built-in wardrobes were in the halls. The continental custom of placing shoes outside the doors for cleaning is followed by the nurses, and seemed a bit startling to an American nurse. Imagine such an innovation in an American school of nursing!

While Denmark is an old country, it seems more democratic in certain ways than the United States. The working day for the maids, as for the nurses, is of eight hours; the former are well paid, have comfortable quarters, and what may surprise an American, they were not, at least at Bispebaerg, called by their first names, but are given the title "Miss," although the social line is drawn very closely between them and the members of the Training School staff. It may startle the nurses of this country to hear that not only are the maids paid for over time, but both graduate and student nurses as well. This would not appear to develop that spirit of devotion and sacrifice which has always been regarded as an essential attribute of nurses, but strangely enough, it seems not to have interfered in any way with the standards of nursing.

DISASTER IN JAPAN

The news has come from Japan of one of the most terrible disasters in the history of the world. The American Red Cross immediately set aside \$100,000 to help the Japanese, and an additional \$10,000 to help, through the State Department, Americans who might be stranded in that country. No requests have as yet been received for personnel. Communications, however, have been sent to the Red Cross Philippines Chapter, as well as to units of Red Cross nurses now in China and the Philippines, advising them to hold themselves in readiness should they be required. Characteristic of the nursing service of the American Red Cross, many telegrams have been received from individual members, volunteering their service.

SITUATION AT CORFU

So far, we have had no unfavorable news regarding the American nurses who are connected with the Near East Relief stationed at Corfu, where Miss Emma Wood and Miss Frances McQuaide have been directing the nursing in connection with two large groups of refugee children housed in the Achilleon and King George's Palace.

NOTE. The next article will deal with Red Cross Nursing in Denmark, as well as other institutions and activities of the Danish Nurses' Association.

One of the slogans of the National Health Council for this year is "Have a Health Examination on Your Birthday." This should be taken to heart by nurses for themselves and for those with whom they come in contact.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR
National Organization for Public Health Nursing

THE VALUE OF FOLLOW-UP WORK IN THE FAMILY¹

BY MARY FLORENCE LAIRD, R.N.

THE importance of the sanitarian and the bacteriologist in the public health field has been accepted for many years. Because of their contributions, great strides have been made in the prevention and control of disease by mechanical means. Now it is generally accepted that the future development of all public health progress depends upon the extent to which public opinion supports these ideas. The next step is getting over to the individual and the family this health message given us by the sanitarian and the bacteriologist, the physician and the scientist.

The New York State Department of Health has for its slogan, "Public Health is purchasable"; but Dr. Florence Meredith has pointed out that "it is true only with qualifications—for Public Health is not purchasable unless the public knows what to purchase, is financially able to purchase it, and *wants* to purchase it."

Everyone here will agree that parents, who are raising the next generation, should be educated to know what to purchase in health measures for their children, if they do not care for themselves.

Any plan of health education which does not include the whole family is not adequate to the needs of the community today. Health education is given in

some factories, to fathers, older brothers, and sisters. The younger brothers and sisters are getting some in the schools. If a member of the family becomes a patient in a hospital or sanatorium, he is given definite care and health instruction. There is no question about the care of the individual patient in hospitals, but what about the control of disease in his family? What about the other members of the family? Even though the patient is adequately cared for in an institution, may not his progress be dependent on the condition and attitude of his family in the home?

It is the mother, especially the non-English-speaking mother, who sets the standard of health for the home; and comparatively little of what is learned in the factory, school, or hospital, is brought to her by her own family. She sticks to the home-making and child-caring customs of her own country, handed down to her for generations. It is this mother who either does or does not train the children for the first seven years in health and food habits.

After the 1920 census, the New York State Department of Education discovered that 200,000 confessed illiterates and non-English speaking women, between the ages of 21 and 50 years, had never been touched by its Americanization work. It recognized the value of an individual teacher's instruction in the homes. These workers found the

¹ Read in October, 1922, at a meeting of the Public Health Nurses' Provisional Section, American Public Health Association, Cleveland, Ohio.

mothers made remarkable progress in English as well as in interest in school and community life. After from three to nine months of intensive instruction, these mothers were ready to meet with others in the ordinary groups of night school. By this means, the way was prepared for them to use the facilities for education already in existence. It would seem as if the same might be true with health education.

Unfortunately, there is as yet no recognized training for parenthood. Parents come from all classes of life and mentality, and are responsible to no one for their actions. I know one feeble-minded woman who went out to work for a widower with two little children. His wife had just died with tuberculosis and he had been a patient in the State Hospital three different times. Within two weeks the man and his housekeeper applied for a marriage license. This was granted and they were married in spite of the protest made by a social worker who knew the history of both families. Of the six children born of this union, four are dead and two feeble-minded ones are living.

Ignorance, poverty, and neglect, are all factors in high morbidity and mortality rates today, but it seems as if the ignorant untrained mother is the most serious problem and the hardest to approach. Poor soul, she is supposed to secure instinctively, with motherhood, sufficient knowledge to care for her children in health and in sickness.

Our district families seem to be made of such stuff as needs to be convinced over and over again of the merits of procedures and precautions for health. They are blown thither and yon with

every wind. In cases of illness, well-meaning neighbors take opportunity to urge favorite prescriptions and advice upon the vacillating mother. The family swings from one decision to another, and usually accepts the advice of the last neighbor, or at least of the most persistent one. The only limit to the use of patent medicines and quack practitioners is the leanness of the pocket-book. * * *

Some health officers and some physicians do not yet realize the economy and use of the public health nurse. They do not realize that given a fine woman with a good nursing and public health nursing training, adequate supervision and coöperation from the physicians, there can be no misunderstanding and friction, because they are all working for the interest of the community and one is as essential as the other. Good team work is all that is needed to get the district families up the steep hill of ignorance, superstition and poverty and on the straight road to health and normal family life.

Take this typical example of what one nurse reported, and tell me if she was needed. A mother with an acutely ill baby went home from the dispensary dazed and with a muddled idea of the doctor's orders. All she seemed to remember was, "Nurse the baby 20 minutes." She fingered over the directions for supplementary feedings. It was all Greek to her and, any way, she had no money with which to buy the materials needed for the food; and was there not a new can of Red Cross milk in the cupboard? The grocer would trust her no longer and if she borrowed from her neighbor, she might never be able to pay her back. So she just sat and

rocked the burning, fretful baby back and forth.

This was the way the nurse found her when she came to teach the formula. The formula? Oh, yes! No. She hadn't made it yet. No, she did not have the things. No, she had no bed for the baby. No, she had no money for milk nor anything else! The nurse went away, but said she would soon be back. She did come and brought the things she needed. How rapidly everything straightened out under her deft fingers!

The baby was bathed and the formula was made. The mother, unasked, poured out the story of the husband's ill health and consequent loss of work,—the cough, the fruitless search for work, the fear of another baby coming, the notification that Tom and Mary should have their tonsils out,—no ten dollars to pay for it. She must go to the school next Tuesday and sit behind Tiny in a class for children who were under weight. Extra food needed, warm baths, and the gas turned off because of an unpaid bill. Is it any wonder that under this strain there was a scant supply of breast milk for her sick baby? No, she did not tell all this to the Dispensary doctor or the nurse. They were in a hurry. She could not seem to understand what they said.

Without this nurse's follow-up visit to this home, how much value would this mother have received from her visit to the doctor? Would the doctor have wasted his time on this examination? Who would have reported these findings to the clinic? Who would have referred this whole family for chest examinations and have taken them, if necessary? Who would have seen that *adequate*

relief was supplied while medical attention was being given the whole family? Who would have followed this family until they were restored to the community, more cooperative and self respecting than when they were found?

I know that without the untiring efforts of the public health nurse, in Rochester, in securing the understanding of the parents and their permission for operations on their children, thousands of children would not have been benefitted by the tonsil-adenoid clinic,—when it had all the publicity that mechanical advertising could give it.

You may equip your community Health Centers and dispensaries with the most expensive and modern facilities for the use of the most skilled physicians and technicians in the control and prevention of disease, but unless you have the patients followed to their homes by trained workers, you have lost at least half the value of your equipment. Of what use are elaborate instructions written for a mother who cannot read, and who cannot afford to buy the materials ordered in the clinic, unless the nurse can follow up the clinic visit and work out the plan with the family?

In 1920 Mr. Hoover, then president-elect of the American Child Hygiene Association, said, in part, in his address before that body:

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one.

The most practical step yet evolved in the health education of the American people has been the creation of the community nurse.

And I repeat to you,—given a fine woman with a good nursing and public

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attention to the family? The family can be helped by the community if it is willing to help itself. If the family is tired of the same old routine, in the same old place, it is time to change its ways. The family has been through many changes, both good and bad, and it is time to make some changes.

The family will benefit from the work of the social agencies, the benefit to the community will be so far-reaching and so enduring that she will be acknowledged to be as necessary to the department of health as the well-trained teacher is to the department of education.

RICHMOND ASSOCIATION MOVES INTO NEW HOME

The Kiwanis Club of Richmond, Virginia, has recently presented a new administrative building to the Instructive Visiting Nurse Association. The building is beautiful and dignified within and without and splendidly equipped in every way for the service it is to render the visiting nurses and the people of Richmond.

In addition to offices, conference and record rooms, the first floor has a clinic room with the necessary waiting, dressing and sterilizing rooms attached. The second floor is devoted to living quarters for members of the staff.

The Association has now moved for the third time since the struggling little Nurses' Settlement was started so many years ago through the inspiration of Sadie Heath Cabaniss by nurses who, while yet in training, gave their off-duty time to the care of the sick poor. The nurses constituting that first little group

were Miss Cabaniss, of cherished memory, Miss Harrvie, and Nannie J. Minor who directed the work until 1921.

In 1909, the organization was forced to move into larger quarters and today its work covers the fourteen districts into which the city has been divided. That the Association is a constructive force in the life of the city is proven by the support and coöperation of the Kiwanis Club. In presenting the gift, the Club's representative said, "We studied with care the social agencies of the city and decided that the Instructive Visiting Nurse Association was most worthy to carry out with us our motto, 'We Build.'"

The staff of the Association is composed of both white and colored nurses and under the direction of Juanita Woods, is constantly and securely building on the foundation so firmly laid by the pioneers.

SCHOLARSHIP AWARDS

The American Child Health Association announces the following awards:

Fellowships, \$1000, Anne R. Medcalf, Line Fork Settlement, Ky.; Margaret Welsh, Philadelphia. Scholarships: \$800—Frances R. Kahl, Freeport, Ill.; Florence H. M. Emory, Toronto; Milenka Herc, Detroit; Linnie Beauchamp, Little Rock, Ark. \$500—Nola StS. Pease, Wooton, Ky.; Robina Kneebone, Eveleth, Minn. \$400—Mary E. Williams, Tuskegee, Ala.; Medora G. Rodgers, Los Angeles, Calif.; Ellen Perdue, Denver; Marie L. Shannon, Kansas City, Mo. \$300—Clarissa M. Fawcett, Philadelphia; Maud Ferguson, Murfreesboro, Tenn.; Muriel A. Martin, Toronto. \$250—Bride Lee Cawthon, Memphis, Tenn.; Mary E. Chayer, Flint, Mich.; Edna G. Bridgeford, Albany, N. Y.; Florence L. Hauswald, Louisville, Ky.; Margaret E. Newman, Sabillasville, Md.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

OBSTETRICAL NURSING IN A GENERAL HOSPITAL

BY NAN H. EWING, R.N.

THE successful conduct of a maternity service in a general hospital depends largely upon the same principles that govern a lying-in hospital. In other words, the department to attain a high degree of efficiency must be considered individual and separate. It cannot be governed or staffed according to the principles that are used as computing bases for other units.

Such a department in a well-organized general hospital offers remunerative advantages to the hospital and provides a foundation for teaching good obstetrics to doctors and nurses. It is a very necessary department for the specialist who combines obstetrics and gynecology. The young general practitioner is fortunate in having its privileges to assist in certain cases and to do obstetrics without changing hospitals. The general institution may be the only choice among groups that are governed by religious, political or sentimental reasons. A training school for nursery maids may find its inception in such a division. A very excellent way to provide experience and training for nurses is the establishment of an out-patient maternity department in connection with a small hospital. It can be developed with the coöperation of the physicians having patients unwilling or unable to come to the hospital and serves as a splendid substitute where an affiliation is not desirable or convenient. Con-

vincing results can be obtained by a proper plan and wise administration.

The internes can be given a very thorough and practical series of instructions in the nursing points that so often come under the obstetrician's duties in home and community practice. It is very difficult to perform some of the tasks in an emergency, and internes and medical students are usually very eager to be instructed along these lines. It is a satisfactory foundation for specialization.

No obstetrical unit having less than twenty beds can provide the required experience. It is to be remembered that more stress is necessary on the prenatal service and the results of the service as to normal cases, than the actual number of abnormal cases presented as experience material. The maternity service should occupy a separate building or the top floor; it should be equipped with sound-proof devices. The delivery room and nursery should be off the main corridor. Both the wards and rooms should be prepared for isolation. It is to be regretted that so many hospitals have delivery rooms on separate floors. It increases the burden in the nursing department markedly. In a special hospital the plan is very convenient and successful, but it is usually a serious handicap in a general hospital.

It is rather a well known fact that obstetrical nursing is not a popular

specialty; it is doubtless a state due to the very discouraging experiences of nurses who have been constantly over-worked and hurried, thereby losing the finer vision in the menial strain. All nurses who avow a distinct dislike for the specialty should be eliminated from the nursing staff of the unit, excepting, of course, the student group.

If the staff is to be composed of graduate nurses, it is very important to give the group demonstrations in all nursing procedures that will be practiced and to explain the methods and policies of the department in detail. There is such an apparent lack of obstetrical training in some hospitals and the methods and technic vary so extremely, that it is wise to prevent irregularities that may arise by a definite outline at the beginning. Rotation is highly desirable in the work. Maternal care, nursery, and delivery room, should be given as special services, an equal period of each. The nurse is usually happier and becomes more valuable as her experience widens.

It is very gratifying to see the interest manifested by graduate nurses who are given opportunities, with the student, to observe some interesting case. A period of general duty in a teaching department may be accepted in lieu of a postgraduate course where a nurse does not have the opportunity to take such training. A student nurse should find a most interesting field in the maternity ward; it is usually varied enough as to the classification of its patients and presents many interesting phases. The student choosing this service as her special work should be as capable at the end of her service as her sister graduate from the special hospital. Though her case ex-

perience may not be so broad, her training should bear the imprint of thorough teaching in its fundamentals.

The Rockefeller Report recommends three months of obstetrical nursing, supplemented and correlated with thirty hours of theory. This can be wisely and successfully followed if the students' time is not wasted and there is no duplication of effort as cautioned by the committee.

Good teaching is much more difficult in a maternity section of a general hospital than in a lying-in hospital; the latter has its own instructress who is not burdened with ward detail, and is responsible solely for the education of the nurses. However, correlation of theory and practice in the maternity ward is more simple than in other units. The cases are typical and the function is physiologic. The head nurse must have time to teach her subject; she must be prepared to teach; she must be eager to teach. Thorough teaching results in deeper interest in the department and produces amazing results in the care of the patients and the satisfaction of the doctors. Supervision of detail work should be relegated to the Senior nurses or those specializing.

Every member of the service must be considered as a member of the teaching group. The chief clinician, the associate, the resident, and the head nurse. The resident is usually very glad to explain many of the confusing points to the nurses and may be assigned some of the lectures in the course. The practice at one special hospital is very satisfactory,—the resident meets the postgraduate nurses weekly for an open discussion of the cases and a general conference.

General hospitals have been particularly slow in relieving their nurses of minor and unnecessary details in their maternity departments. Probably some of the wasted energies in nursing can be traced to tradition; it is certainly necessary now to prove that obstetrical nursing is not menial, that the nursing points and duties must be separated from the duties that belong to the ward helper and that the obstetrical nurse is in the front ranks with public health

nurses. General hospitals have been slow to adopt some of the successful methods of the special hospitals and their services have not borne the stamp of specialization.

The special maternity hospital and the maternity center will always be our leaders in the care of patients, in scientific research, in pre-natal education and in methods and devices for teaching. We can do no better than to emulate their practices in our general hospitals.

OUR CONTRIBUTORS

M. Helena McMillan, B.A., R.N. (See Who's Who, May, 1923.)

Mary E. Gladwin, Ph.B., R.N., L.L.D. is a graduate of Buchtel College and of the Boston City Hospital. She did notable war nursing in Serbia. She has made surveys of training schools in Indiana and in Kansas and is now Educational Director for the Board of Nurse Examiners of Minnesota.

Nellie Gates Brown, R.N., graduated from the Hartford Hospital, Hartford, Conn., in 1910. She was head nurse in the eye and ear operating rooms at the New York Eye and Ear Infirmary, 1910-1913; head nurse at Peter Bent Brigham Hospital, 1913-14; at Teachers College, 1914-15; and is now Instructor of Nurses, Indiana University Training School, Indianapolis.

Sister M. Domitilla, B.S., R.N., graduate of the Training School for Nurses, Saint Mary's Hospital, Rochester, Minn., and of Teachers College, Columbia University. Since 1920 she has been Director of Education in Saint Mary's Training School for Nurses, Rochester, Minnesota.

Frances Maltby, R.N., is a graduate of the training school of the Union Protestant Infirmary, Baltimore, Md., and has taken special courses at Western Reserve University, Cleveland; Bloomingdale Hospital, White Plains, N. Y.; Columbia University; and the University of Wisconsin. She has done private duty nursing, public health nursing, she has taught classes in Home Hygiene and Care of the Sick, and she has lectured on the Chautauqua Circuit for the Southern Division of the American Red Cross. For the past eighteen months she has been Executive Secretary for the Council for Nursing Education for Southeastern Pennsylvania.

Lilian Tracy, a graduate of the Mary Fletcher Hospital, Burlington, Vt., is a private duty nurse in Melrose, Mass.

Caroline C. Bourquin, R.N., D.H., is a graduate of the Warren General Hospital, Warren, Pa., and of the Forsyth-Tufts School of Dental Hygiene, Boston. She was trained in bacteriological technic at the Cincinnati General Hospital. She has held hospital positions, has been an anaesthetist, and is a dental hygienist.

Clara F. Brouse, Ph.B., R.N., is a visiting instructor at Akron, Ohio. She has done private nursing, public health work, and was for several years Superintendent of Nurses, Park Avenue Hospital, Rochester, N. Y.

W. J. Bankes, M.A., is Dean of Teachers College, Municipal University of Akron, Ohio.
Mary Laird, R.N., was graduated in the class of 1909 from the Rochester General Hospital Training School for Nurses Rochester, N. Y.; Instructor of Probationers in the same school for the following three years; she did private duty nursing for one year; one year of Hospital Social Service, and then was given an Isabel Hampton Robb Memorial Fund Scholarship which enabled her to take a year of work at Teachers College in Public Health Nursing (1914-15). After her course she spent one year in the Nursing Bureau of the A.I.C.P., New York, and returned to Rochester to take charge of the Social Service Department of the General Hospital. This was interrupted by eleven months' service in France during the War. She returned to Rochester in 1919 to organize the Public Health Nursing Association of which she is still the Director.

Nan H. Ewing, R.N., is a graduate of the St. Louis City Hospital, 1918, and of the Chicago Lying-in Hospital, 1921. For two years she was Directress of Nurses, Rockford Hospital, Rockford, Ill. She has been Supervisor of Obstetrics at Mount Sinai Hospital, Cleveland, for a year and a half.

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STUDENT NURSES' PAGE

IN THE CRADLE OF NURSING

BY MISS KONSTANTINOVA

American Hospital, Constantinople, Turkey



THE BARRACKS—USED DURING THE CRIMEA WAR

Florence Nightingale lived on the 3rd floor of this tower. This building now houses thousands of Greek refugees who fled from the interior of Turkey during the past year.

THAT is Hydes Pasha, one of the beautiful places of the Asia Minor's shore,—one of these places which makes you think of the past, full of fights and heroic examples; which makes you think of the yesterdays of the civilized world of today. The yesterdays,—so far in time, and so near by the living deeds of their heroes.

There,—you see that big, old, three-storied yellow building in the park? It was called Palace Hospital and it is the hospital where Florence Nightingale worked during the Crimea war.

Listen! I will tell you everything that was told us by the man who guards

this place now. He is the second one by turn after the first, who worked for 54 years, and whose grave is now under the cypresses together with those of the dead in the Hospital during that time. The man knew very little, but he told us all he knew about it.

He said that those were terrible days, because they were days of death, as we know are the days of a war time. But there was plague then, and other bad diseases which took the life of many officers, and soldiers, and nurses, and here, under the shadows of the big trees, are their tombs, eight thousand officers and soldiers together lie here, said the



STUDENT NURSES OF THE AMERICAN HOSPITAL, CONSTANTINOPLE, UNDER THE WINDOW OF FLORENCE NIGHTINGALE'S ROOM



VOLLEY BALL TEAM, AMERICAN HOSPITAL, CONSTANTINOPLE

These young students of nursing challenge other schools in Stamboul. Gym work directed by Miss Fissler, Y.W.C.A. Note minaret in background. Each evening the Hadji calls his followers to prayer from this mosque.

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The Cradle of Nursing

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man. Eight thousand! It makes a whole village in a small country. All these people, sacrifice of the war, sleep their eternal sleep in this silent place. Nice monuments rise on their tombs and beautiful flowers spread their gayful colors over the ungayful earth.

This is the cradle of the nursing. The first sparkle was lighted here, and we see nowadays how it has grown in a big fire all over the world.

The waves of the dark-blue sea wash the shore and murmur their lullaby song, which *they* started for them the very first day. The big trees with voices sad and prophetic are trying to make you penetrate the years and understand the epochal events, which have not failed to prove their influence on the many branches of the human life of today, and let us mention the nursing example, which because nurses of the modern days, interests us the most.

Florence Nightingale—the woman incarnation of self sacrifice and love toward others, she with her small staff

of nurses, worked here—in the yellow, old building, helping the suffering soldiers and revering before the souls of the death.

There you read this: Sofia Barnes, Nurse, died April, 1865; and there that: Mary Marks, Nurse, died at the Palace Hospital; and a little further, this: Martha Clough, on her passage for the Crimea to Scutari, September 24, 1865. Through your soul passes a feeling of revering toward these women.

It is 6 in the afternoon. The heavy burning rays of the sun with their last strength are silvering the transparent waves of the sea and the reflex falls on the old marble, like an aureole on the dead bodies and living souls.

We keep silent. You can't talk on a place where there are so many things to talk of themselves. You have but to stay and listen,—listen and compare the past and the present. Compare and take example of noble deeds of self sacrifice and of love—these three which are the treasure in the character of a nurse.

MEMORIALS

In the October, 1922, *Journal*, was printed a letter on the subject of a memorial tablet to be erected in memory of the officers, nurses, and enlisted men of the Medical Department of the Army who lost their lives during the World War. It may be of interest to know that the response from former members of the Medical Department of the Army for this purpose has been so generous it has been possible to erect four tablets like the one originally planned, instead of just the one. The original tablet which was made by Gorham of New York was to cost \$1100 and to be placed in the new building of the Army Medical School at the Army Medical Center in Washington. Responses continued to pour in, however, until \$3145 was raised. Whereupon it was learned that three additional tablets could be made for \$600 each. These tablets were identical with the original. The balance of the money was used for the installation of the additional tablets, which have been placed at the Letterman General Hospital, San Francisco, the Fitzsimons General Hospital, Denver, and at Carlisle Barracks, Pennsylvania. At the latter place the Medical Department of the Army conducts the Medical Field Service School. Present and former members of the Army Nurse Corps gave \$678 (in dollar gifts), thus contributing sufficient money to pay entirely for one tablet. Appropriate dedication services will be held at each place where a Memorial Tablet has been erected.

JULIA C. STIMSON.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

IN KASHMIR

EAR EDITOR: To escape the heat of the plains of India, our party of six left Lucknow for Kashmir the first of June, there to camp and rest for our two months' vacation. We did not mind the heat of that day, although the thermometer registered 110 degrees in the shade and drops of perspiration were running from our faces as we packed for the long journey. We engaged a private compartment on the small Indian train, and with our boxes, bedding-rolls, tiffin-baskets and vessels of water, there was not much room to spare. We spread our bedding on the hard board seats of the compartment and rode for two days and nights through Indian villages and hot, dry heat of the plains. In Rawalpindi, at the foot of the mountains we found a waiting room in which to rest and bathe, and there we engaged a motor lorry to take us to Srinagar, the capitol seat of Kashmir. The motor was rather old and broken down, but our men swore that it would take us safely, and it did. For three days we journeyed in this motor, stopping for the nights in Dak bungalows by the roadside for food and rest. The last twenty miles of our journey was very beautiful. We followed the Jhelum River, winding round and round the mountains; gradually descending into the valley. The road on either side was lined with poplar trees planted by one of the ancient kings of Kashmir. When we entered the valley we found ourselves surrounded with snow-capped mountains and in a forest of huge chenar trees. Along the roadside and even on the roofs of the cottages beautiful flowers were growing. We hired our tents and beds and selected a garden to camp in, in a forest of chenar trees by the river. There were house-boats on the river and many other people in tents. While we were camping in this "Bagh" garden, lots of rain came, lasting for three days and nights in succession. The house-boats rose nearly to the top of the river bank and our tents were wet and muddy. We were fortunate in being able to move our things to the upper story of a house across the street. We felt as Noah must have felt in the Ark so many years ago. This was "cherry-time" in "Sonawa Bagh." What we couldn't eat we canned. One day we took a trip in "tongas" carriages to Gulmarg, the snowy peak nearly 27,000 feet high. We rode the last three miles on horses and entered a heavy hail storm, feeling the cold of an American winter. On the mountain sides, hundreds of sheep and cattle were grazing, as the heavy snows of the past winter had gone and food was there for the animals. After two weeks we packed up and put our tents and boxes into a little Indian boat. We had a day's sail farther into the country of Kashmir and set up camp in another beautiful spot. From "Nasin Bagh" we took three-day trips to the Queen's gardens, across the lake. These are beautiful gardens built in terraces on the side of the mountain. Our plans were to go up the Sind and Lidder Valleys, so we decided to visit the Sind first. We packed our goods on ponies and selected our riding ponies for the week's journey. Most of our party had never ridden horses, so day after day we became sore and lame. We set up camp under the walnut trees at night, cooked our food, and rested. We rode from twelve to fifteen miles every day, traveling over steep rocky paths and, in places, walking over the snow on the steep mountain side. We covered sixty miles along the Sind River to the snow-covered peaks, arriving at a beautiful camping place called "Sonamarg." There we set up camp for a week, drinking of the cold glacier water, picking the wild flowers and walking over the ice and snow which covered the mountain sides. Thousands of sheep grazed in the pastures around us and the Shepherd's Psalm became very real to us. We sang in the evenings around a camp-fire and the servants joined with us in their Kashmir songs. One day we took a trip to Baltal, nine miles farther into the mountains. We stayed two days, as it was a long, hard march. We met many Ladak men and women on the way. They seemed to be traveling with their children and earthly possessions. The first thing they asked was "Matches?" They showed us their flints and started the flame with them.

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I was glad I had brought a few emergency medicines with me, as I was able to help a child with a very sore head. Others came to us with sore eyes. One man had broken his finger,—a crowd stood around while I put a splint and bandage on it and thought it quite wonderful, as he felt better at once. Several men met us on the road and asked if we had medicine for some sick member of the family. These people are sixty miles away from medical help, so they have to suffer from many troubles that could easily be remedied. In Sonamarg we gathered 56 different species of wild flowers. We made our journey back to Srinagar by ponies and house-boat. The sail on the river for two days and nights was very restful and Srinagar seemed like a busy city after being away from civilization. We bought supplies and began our journey into the Lidder Valley. We went by house-boat, tongas, and ponies. We camped for one night at Islamabad under a mountain. On the side of this mountain is an old Hindu monastery. We climbed up to this and gained a fine view from the terrace of the shrine. The next morning bright and early we mounted our horses and began the twelve-mile journey to Pahlgam. As we rode along the scenery became wilder and the crags above us grander until we reached the beautiful pine forest and village of Pahlgam, where we spent the last two weeks of our vacation. We took a two-day trip to Liddarwat and the Kolahoii glacier from Pahlgam. The path up the mountain led through pine forests and green meadows. We had our breakfast in a beautiful spot by the way and arrived at Liddarwat by noon-time. The following morning we started on our ponies to the glacier, an eight-mile trip. This was the hardest trip we had attempted. We had to go over very steep, rocky paths and finally just before getting in sight of the glacier, we had eight rivers to cross. Three of these were swift rushing rivers and very deep. Our men were very clever and led the horses, calling in excited tones, "Be careful, save your life, go slowly." We had to walk the last mile over boulders, ice, and snow; then we sighted the large glacier, probably over 100 feet deep, and a mile back into the mountains, forming a pass. The falls and rushing rivers coming

from the glacier made a wonderful sight. At the glacier we were 14,200 feet high and for most of us the atmosphere was depressing. Just below the glacier we saw the most wonderful gardens of wild flowers. The Lidder Valley is one of the finest in the Himalayas.

Lucknow, India ALICE C. HARRIS.

WHAT THE JOURNAL MEANS TO ME

I.

EAR EDITOR: I cannot be without the *Journal*; it goes with me on my trips of pleasure, and when I take patients to the hospital, where sometimes hours are spent in waiting your turn, the time does not seem as long, nor the red tape quite as red, if I have the *Journal* along to read. In this way I feel that I keep somewhat abreast of the nursing world with time that might otherwise go to waste.

Michigan

M. E. H.

II.

EAR EDITOR: I enjoy reading the *Journal* very much, especially the articles on private nursing.

Kansas

E. L.

III.

EAR EDITOR: I have just finished a year of school nursing and go back for this year's work, too, so I want the *Journal*. I could not do without its wonderful help each month.

Wyoming

M. B. W.

JOURNALS ON HAND

Theresa Zekind, 1715 Pacific Avenue, San Francisco, has the following copies of the *Journal* to give away: (postage should be sent): 1921, October and November; 1922, February, May through December; 1923, February-April, June and July.

Helen Scott Hay, Savanna, Ill., will give away, if postage is paid, the following numbers. Inquiries must reach her before October 15th: 1900, December; 1901, all except October; 1902, all except March and September; 1903, complete; 1911, December; 1912, January, March, July-September, November, December; 1913, all except April; 1914, all except March and July; 1915, January; 1918, May, June.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

1. What are the necessary preliminary steps in order that a nurse may become a member of the American Nurses' Association?

If a nurse is a member of her Alumnae Association, she should apply through it.

If not, one should write to the Secretary of the State Association of Nurses in the state in which she resides, who will furnish information as to whether there is a District Association through which she may become a member, or directly through the State Association.

The Official Directory of the officers of all State Associations is published monthly in the *American Journal of Nursing*, and may be readily found by noting the table of contents on the cover.

2. Where can brief historical sketches of the American Nurses' Association be found?

The Secretary of the American Nurses' Association will be glad to supply copies of these for ten cents each, upon request.

3. What is "concurrent disinfection"?

Concurrent disinfection signifies the immediate disinfection and disposal of all the infected material during the course of the illness. It implies the prompt disinfection or destruction of all infected discharges and of all articles soiled by them. Furthermore, it includes the purification and cleanliness of the immediate environment of the patient so as to check the spread of infection.

Terminal disinfection signifies the precaution taken to destroy or purify infectious material after the removal of the patient or the termination of the isolation or quarantine, the object being to destroy infection or to kill the insects or animal carriers of disease. Terminal disinfection finds its chief usefulness in fighting the insect-borne diseases.

* * * The principal objects that need disinfection are the discharges from the body; towels, bedding, handkerchiefs and fabrics; food, tableware and other objects that have been mouthed; and finally, the hands of the nurse, physician, and others who come in contact with the infection. *Preventive Medicine and Hygiene*, Rossenau.

LOUVAIN DAY

Louvain University is the second oldest university in the world, for in 1925 it will celebrate its five hundredth anniversary. For two years it has been co-educational. America, responding to the wish of Cardinal Mercier, the spiritual hero of the war, has undertaken the restoration of the library, one of the great research libraries of the world, which was destroyed in 1914. Mrs. Percy V. Pennypacker, Chairman of the National Women's Committee, on which Adda Eldredge represents the American Nurses' Association, urges organizations of women to make use of the Louvain Day program the Committee has prepared, sometime between October first and Armistice Day. The women of America are also urged to make gifts, however small, in order that the restoration of the Library may be completed. This is an opportunity to prove to Belgium that American women do not forget. Contributions may be sent to or information received from the National Committee for the Restoration of the University of Louvain, Room 1014, 17 East 42nd Street, New York City.

RE-REGISTRATION IN PENNSYLVANIA

During the last session of the Pennsylvania Legislature an Act was passed requiring the re-registration of all nurses who have been registered in Pennsylvania. The fee is \$1.00. Blanks can be secured from the State Board of Examiners for Registration of Nurses, 34 South 17th Street, Philadelphia, Pa., and should be returned before December 1, 1923.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

INTERNATIONAL COUNCIL OF NURSES

A SUMMARY OF THE MEETINGS OF THE EXECUTIVE COMMITTEE

The Executive Committee met in Copenhagen, Denmark, July 30-August 1, inclusive.

HON. OFFICERS PRESENT AT THE MEETING: Baroness S. Mannerheim (Finland), President; Margaret Breay (Great Britain), Hon Treasurer; C. Reimann (Denmark), Hon. Secretary; Clara D. Noyes (U. S. A.), Representative of the Vice-President; J. Bicknell (New Zealand), Representative of the Vice-President; Generaloberin Agnes Karll (Germany), Verwey Mejan (Holland), Mlle. la Comtesse d'Ursel (Belgium). Bergliot Larsson (Norway), Mrs. Henny Tscherning (Denmark), Vice-Presidents. GUESTS PRESENT were: U. S. A., I. M. Stewart, Professor of Nursing and Health, New York; Great Britain, H. L. Pearse, Superintendent of School Nurses, London; Lloyd Still, Matron, St. Thomas' Hospital, London; M. Rundle, Secretary, The College of Nursing, Ltd., London; Mrs. Cecil Carter, Directrice of the International Course in Public Health, London; Scotland, A. W. Gill, Matron, The Royal Infirmary, Edinburgh; France, Mlle. de Joannis, Paris; Katherine Olmstead, Chief, Division of Nursing, The League of Red Cross Societies, Paris; Sweden, Bertha Wellin, President, The Swedish Nurses' Association; Sigrid Hojer, Stockholm; Poland, Miss Matthews, Late Director of Nursing, American Red Cross Commission, Poland; Roumania, E. Ancombe, Assistant Directrice of the School of Nursing, Bucharest; Serbia, Enid Newton, Directeur de L'Ecole d'Infirmieres, Belgrade; Bulgaria, Rachel Torrance, Director of the School of Nursing, Sofia; Iceland, Magdalene Gudjonsson, Reykjavik; Finland, Mrs. O. Lackstrom, Editor of "Epione," Miss Snellman, Directrice of Child Hygiene; Denmark, Inger Nordentoft, Vice-President, The Danish Council of Nurses; V. Jessen, Secretary, The Danish Council of Nurses; Mrs. K. Dyssel, Editor of "Tidsskrift for Sygepleje"; C. Lutken, Superintendent, Army Nurse Corps; Charlotte Munck, Super-

intendent, Bispebaerg Hospital; Mrs. Chr. Norrie, Councillor, "I. C. N."; Cornelius Petersen, Superintendent, Aarhus Kommune-hospital.

The purpose of the meeting, which took the form of executive as well as general sessions, was not only for the purpose of arranging for the Triennial Conference to be held in 1925 in Helsingfors, Finland, but also to discuss a number of questions which had been brought to the attention of the President resulting from a meeting of the European League of Nursing Education which had been held in Paris, in March. This small group, largely of American nurses engaged in training school work, accepting the offer of the League of Red Cross Societies to meet in Paris, found upon arrival a large assemblage of Red Cross officials and others, who had evidently gained the impression that the European League was to be expanded to include lay members, were not only to take part in the deliberations, but would have the right to vote.

The League of Red Cross Societies offered to this organization the facilities of its office as Headquarters, as well as secretarial and other assistance. The proposal we understand was, because of its magnitude and its implications, not accepted by the former officers of this little organization, after which it was withdrawn and a similar suggestion was made to the President of the International Council of Nurses, with the understanding, however, that the request for headquarters and secretarial assistance, was to come from the International Council to the League of Red Cross Societies. Inasmuch as the questions involved were fundamental, and as the Triennial Conference did not come until 1925, it seemed important to bring these matters before the Executive Committee with as little delay as possible.

The readers of the *Journal* will recall that the International Council of Nurses was organized about twenty years ago, and is composed of National Associations of Nurses, which in order to be eligible must be restricted to a membership of nurses who alone

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ELECTED HON. OFFICERS, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE
INTERNATIONAL COUNCIL OF NURSES AND OTHERS

Standing (as indicated)—Isabel M. Stewart (Guest); Mrs. Charlotte Norrie (Foundation Member); Miss Ancombe (Hon. Vice-President); Enid Newton (Hon. Vice-President). *Second Row* (sitting, left to right)—H. L. Pearce (Nominee of the National Council of Trained Nurses of Great Britain and Ireland); Mlle. la Comtesse d'Ussel (Vice-President, Belgium); M. Breay (Foundation Member and Hon. Treasurer); Clara D. Noyes (Nominee of the American Secretary).

are entitled to vote. English is the language of the Council. Each National Association is autonomous. Fourteen National Associations are now members: the American Nurses' Association, and the Associations of Canada, Denmark, Belgium, Germany, Italy, Great Britain, New Zealand, Norway, Holland, South Africa, China, Finland and India. In countries where nursing is not sufficiently developed to maintain nursing organizations, an individual nurse may be appointed as an Honorary Vice-President and represent nursing from that country. Greece, Poland, Turkey, Bulgaria, Roumania, Serbia and France are now so represented, the four states first mentioned, by American Red Cross nurses who are engaged in educational work in those countries.

The purpose of this international relationship is to encourage the advancement of nursing on a more uniform and sounder professional basis; to provide an opportunity for interchange of ideas, and to develop a better understanding, thus raising the standard of nursing care of the sick. Government by nurses is the outstanding policy of the organization.

The International Council of Nurses was inspired by Mrs. Bedford Fenwick of London. Lavinia L. Dock of this country was Honorary Secretary until last year, when she resigned. It had barely gotten under way (the last great Congress was held in Cologne, in 1912) when in 1914 the World War put a stop to further International Congresses. An attempt was made to secure an Executive Committee Meeting at the Annual Convention of the American Nurses' Association held in Atlanta, Georgia, in 1920. Only four countries, however, were represented, and little could be accomplished.

The more important papers and speeches in Copenhagen dealt with the following: The Relation of the International Council of Nurses to the European Council (League)¹ of Nursing Education; Reorganization of the International Educational Committee; Relation of International Council of Nurses to College of Nursing, Ltd., of England; Broadening of the activities of the International Council of

Nurses; Headquarters; Secretarial Assistance; Plan of Coöperation of International Council of Nurses with the League of Red Cross Societies; International Nursing Magazine; Sectional Nursing Conference; Value of Nursing Magazines to the Profession; Recent Movements in the Nursing World; Explanation of the Rockefeller Report, and University Undergraduate Schools of Nursing.

Reports from the countries where modern nurse education has just begun—Turkey, Bulgaria, Roumania, Serbia, Poland and Czechoslovakia—were given by the representatives from these countries. Several important matters were referred to the participating societies. For example,—to the American Nurses' Association, the question of Revision of the Constitution; to Finland, local arrangements for the next meeting; while Programme and Eligibility Committees were also appointed. Plans for a sectional meeting at Budapest next year were started.

The Executive Committee discussed the offer of the League of Red Cross Societies, but inasmuch as the office of the *British Journal of Nursing* had already been voted upon by the Congress as its official office, this could not be changed without a meeting of the Grand Council. Furthermore, it was felt that questions incidental thereto were beyond the authority of the Executive Committee to settle. It, therefore, decided not to accept the suggestion of the League of Red Cross Societies. It was believed, however, that the International Council could be of considerable assistance to the League, and that the League might be of great assistance to the International Council, a letter of Resolutions was therefore framed, indicating ways in which coöperation might be established. As a temporary substitute for an International Nursing Magazine, the Secretary was authorized to issue, when indicated, to the participating organizations a mimeographed bulletin and to encourage national associations to supply the League of Red Cross Societies with copies of nursing magazines, furthermore, to urge the League to continue the publication of its very useful Nursing Supplement. A spirited discussion between the College of Nursing, Ltd., of England, and the National Council of Trained Nurses in Great Britain and Ireland,

¹ European Council of Nursing Education. (This organization was originally called "The European League of Nursing Education.)

followed the reading of a paper by Miss Lloyd Still. Sectional Nursing Conferences were discussed, and plans were started for a meeting next year at Budapest, under the auspices of the International Council of Nurses.

A report would not be complete without some reference to the hospitality offered by the Danish nurses, as well as the hospitals which were visited by the Council. No better description of this could be given than that which was contained in the Minutes, as follows:

"During the meeting four of the best known hospitals in Copenhagen were visited (The Finsen Hospital, The Rigshospital, The Kommunehospital, The Bispebjerg Hospital). An excursion in a tourist motor car was made to the lovely Convalescent Home founded by Mrs. Tscherning and where its owner, the Danish Council of Nurses, can accommodate up to thirty tired nurses. The Sunday evening reception at the home of Mrs. Tscherning was an exceedingly nice one and gave a good opportunity for the hostess and the foreign guests to make acquaintance. The following Tuesday all the nurses taking part in the meeting were honored by an invitation from the Danish Red Cross, whose President, the Danish Minister for Foreign Affairs, Mr. Cold, together with the President of the Copenhagen Division, Miss Cecilie Lütken, and other members of the Board of the Red Cross made the evening exceedingly pleasant. Last but not least must be mentioned the never to be forgotten 'family' gathering at 'Nimb' in Tivoli, where an opportunity was given by the Danish Council of Nurses to all the members of the Council to meet their foreign guests. The hospitality offered during these wonderful days by the Danish nurses to their foreign sisters was quite unique, and no one, who has taken part in the meeting, will ever be able to forget the lovely 'smorrebrod' of all kinds that crowded the plates and by their diversity gave one nearly the same impression as the thousands of gardens, which like bright shining jewels enclose Copenhagen from every side. No one will forget the kind, smiling faces of our Danish hostesses so anxious to give us all the best they had to give, and the cleanliness of the beau-

tiful Danish hospitals, than which finer cannot be found."

The meeting was an unqualified success. The International Council of Nurses, quiescent from necessity for a time, is again on its feet and fully alive to present needs. It is conscious of the purpose which it alone can fill. Unquestionably some changes must be made in its policies, because of the effect of the War, natural development within the profession itself, and the increased interest in nursing in foreign countries which has been stimulated by the Peace Programme of the League of Red Cross Societies. Nurses the world over will no doubt begin to lay their plans for attendance at the next Triennial Congress at Helsingfors, Finland, in 1925.

HEADQUARTERS OF THE AMERICAN NURSES' ASSOCIATION

The Board of Directors of the American Nurses' Association will hold a meeting the first week in October at Headquarters, 370 Seventh Avenue, New York. One of the important items of business will be a report of the executive meeting of the International Council of Nurses held in Copenhagen, which Clara D. Noyes will present. In a letter received from the Secretary of the International Council of Nurses, Christiana Reimann, she says: "We cannot thank the American Nurses' Association enough for sending Miss Noyes. We were all so happy to have her with us. She and Isabel M. Stewart were so helpful in clearing up situations which at first seemed rather difficult."

The Secretary at Headquarters has been making a strenuous effort to help the State Associations secure speakers for their annual meetings being held this month, but because some of the meetings are being held simultaneously and only a limited number of persons is available, it has not been possible to meet all the requests. There are no less than ten states holding meetings in the month of October. The President of the American Nurses' Association, Miss Eldredge, will attend two of these, Nebraska and Illinois. Mary M. Roberts, editor of the *Journal*, will meet with the nurses in Kansas, and Minnesota.

The three secretaries of the national

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nursing organizations recently held a conference to discuss a plan for the programme for the 1924 convention, and if approved by the Boards of Directors, it will appear in a later number of the *Journal* and the *Public Health Nurse*.

It is with considerable pleasure that we have received the announcement from the Canadian National Association of Trained Nurses, that it has established an office at 609 Boyd Building, Winnipeg, Manitoba. Jean S. Wilson has been appointed the Executive Secretary. We congratulate our Canadian sisters not only in this progressive step, but also in securing Miss Wilson as their representative.

We wish to express our sincere thanks through the pages of the *Journal* for a contribution of ten dollars from the First District of the Nebraska State Nurses' Association, which was accompanied by a note saying, "Knowing that national expenses were high, having a small surplus, decided to send this contribution to help Headquarters along."

To facilitate the work of the Nominating Committee of the American Nurses' Association, the associations which constitute the membership, are requested to give careful and prompt attention to the consideration of nominees for officers for 1924-25. The Nominating Committee has done considerable extra work this year to avoid wrong addresses, and before sending the blanks wrote to every secretary for correct address. *These blanks should be returned to the Chairman of the Nominating Committee January first, 1924.*

NURSES' RELIEF FUND REPORT FOR AUGUST, 1923

Receipts

Balance on hand	\$18,540.45
Bonds redeemed	2,200.00
Interest on bonds	45.00
Interest on Liberty bonds	44.80
Interest on bank balance	3.15
Check from beneficiary returned	10.00
California: District No. 5, \$126; Dist. 9, \$27; Dist. 11, \$3; Dist. 12, \$18; Dist. 13, \$1; Dist. 16, \$3.50—	178.50
Georgia: Georgia State Nurses' Assn., \$1.50; one individual, Atlanta, 50 cents	2.00

Illinois: District No. 7	14.00
Kansas State Nurses' Association	12.00
Michigan: District 5, \$2; Dist. 6, \$102.20	104.20
Montana: District No. 2	21.00
Ohio: Huron Road Hospital Alum- nae, \$70; Lutheran Hosp. Alum., \$10	80.00
Total receipts	\$21,255.10
<i>Disbursements</i>	
Paid to 35 applicants	525.00
Balance August 31, 1923	\$20,730.10
Invested funds	57,050.00
	\$77,780.10

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

ARMY NURSE CORPS

During August, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: to Station Hospital, Fort Banks, Mass., 1st Lieutenant Margaret Thompson, 2nd Lieutenant Mary Margaret Donohoe; to Fitzsimons General Hospital, Denver, Colo., 1st Lieutenant Samantha C. Plummer, Chief Nurse; to Hawaiian Department, 1st Lieutenants, Grace E. Leonard, Chief Nurse, Henrietta Davidson, Chief Nurse, 2nd Lieutenant Annie G. Porter; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieutenant Della J. Bonner; to Station Hospital, Fort Leavenworth, Kas., 1st Lieutenant Edna M. Rockafellow, Chief Nurse, 2nd Lieutenants Alma C. Hanson, Marie Speckert, Elsie J. Wiggs; to Philippine Department, 2nd Lieutenant Lilly A. Anderson; to Station Hospital, Fort Sam Houston, Tex., 1st Lieutenant Mary E. Sheehan, Chief Nurse; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenant Elizabeth J. Crowley; to Walter Reed General Hospital, Washington, D. C., 1st

Lieutenant Jane G. Molloy, Chief Nurse, 2nd Lieutenants Pearl T. Ellis, Lylan M. Grady, Katherine E. Kelly, Catherine Morrison.

Orders have been issued for the separation from the service of the following named Second Lieutenants, A.N.C.: Gertrude Ashworth, Ethel Bosler, Marguerite Brautigan, Helen L. Cole, Mary E. Corcoran, Ruth E. Deck, Clotilda Ewers, Jean Hebert, Myrtle S. Halloway, Lillian A. Johnson, Loula K. Larned, Mary E. Mahoney, Edna M. Morgan, Annie M. Neil, Helen Nuhn, Anabelle E. O'Hara, Ada M. Olsen, Lucile M. Stevenson, Julia Trabucco, Louise M. Valle, Beulah M. Wiedman, First Lieutenant Kate M. Kemper, Chief Nurse.

ARMY SCHOOL OF NURSING

On September 1, plans were completed for the concentration of the Army School of Nursing at the Army Medical Center, Washington, D. C. The Center is composed of the Walter Reed Hospital, the Army School of Nursing, the Army Dental School, the Army Veterinary School and the Army Medical School and will be located in the extensive grounds of the Walter Reed Hospital. The Letterman General Hospital branch of the School of Nursing will be discontinued and the students who are there now will be transferred to Washington. This transfer can not be accomplished all at once, but will be done gradually, as space is available on transports returning to New York from the Pacific Coast. It will be a great loss to the Letterman General Hospital to have the western branch of the school closed, but for the sake of economy, greater ease of direction and supervision, and the superior advantages for the students to be found at the Medical Center, it has been decided that this step should be taken. An entering class of about forty students is expected during the first week of October.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.*

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Mary Brooks, Chief Nurse, U.S.N.; to Boston, Mass., Dispensary, Navy Yard, Alice M. Roach; to Boston, Mass., Miss Farmer's School of Cookery (course in Dietetics), Anne C. Barry,

Josephine Corbett, Nellie J. DeWitt, Catherine A. McNellis, Caroline M. Thompson; to Chelsea, Mass., Frances S. Denk (via U.S.S. *Henderson*); Caroline B. Driscoll, Mathilda E. Hume (via U.S.S. *Argonne*); Anna L. Merritt, Caroline W. Spofford; to Chicago, Ill., Illinois State League of Nursing Education (Institute for Nurse Instructors); Caroline B. Driscoll, Mabel L. Powell, Kathryn V. Sheehan; to Great Lakes, Ill., Lillian Hankey, Marie Karlen, Helen M. Schuveiller; to League Island, Pa., Bertha A. Adams (via U.S.S. *Argonne*); Myn M. Hoffman, Chief Nurse; Marie I. Luckins (via U.S.S. *Chaumont*); Anna E. Mears, Mary E. Northrop (via U.S.S. *Henderson*); Lottie G. Williamson; to Mare Island, Calif., Sophia V. Kiel, Chief Nurse; to Newport, R. I., Ruth E. Anthony, Harriett A. Harris; to New York, N. Y., Mary Hennemeyer, Rosanna R. Watson, Ellen E. Wells; to Norfolk, Va., Cora Eastman (via U.S.S. *Chaumont*); Helen C. Houser, Clara Klinksick (via U.S.S. *Kittery*); Florence Kopp, Ruth Murray, Mary M. Ritter; to Parris Island, S. C., Mary B. Gainey, Chief Nurse; Eleanor Gallaher, Hilma Knudson, Margaret A. Morris, Nelle L. Watkins; to Port Au Prince, Haiti, Pearla W. Hoyle (via U.S.S. *Kittery*); to Puget Sound, Wash., Isabella Gilfillan, Ellen M. Hodgson; to Quantico, Va., Florence R. Partridge, Ella May Rothermel, Rosanna R. Watson; to San Diego, Calif., Ada Chew, Esther M. Stolt, N. Eva Wolfe; to St. Thomas, V. I., Bertha R. Marean (via U.S.S. *Kittery*); to Washington, D. C., Bureau of Medicine and Surgery, Miriam F. Ballard, Chief Nurse; Bernice D. Mansfield, Chief Nurse; Betty W. Mayer, Asst. Superintendent; to Washington, D. C., Dispensary, Navy Department, Mary V. Hamlin, Chief Nurse; to Washington, D. C., Naval Hospital, Sarah Almond, Chief Nurse (via U.S.S. *Argonne*); Rose M. Culbertson, Sara B. Myer, Chief Nurse (Principal); Margaret Pierce, to Washington, D. C., Naval Medical School (Laboratory course), Nora B. Frederick, Sophia R. Hassler, Eva C. Todd; to U.S.S. *Kittery*, Lucy H. Russell (temporary duty); to U.S.S. *Mercy*, Susie I. Fitzgerald, Chief Nurse; Edith Hebdon; to U.S.S. *Relief*, Ella V. Parrott, Laurena T. Schies.

Honorable Discharge: Adah V. Watson.

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Resignations: Muriel V. Cole, Margery A. Duncan, Irene E. Hamblin, Elizabeth G. Horgan, Pearl V. Longwell, Ada M. Maple, Edna I. Nelson, Catherine H. Snyder.

Promotions: Betty W. Mayer, Chief Nurse, U. S. N., to Assistant Superintendent; Mary B. Gainey, Nurse, U. S. N., to Chief Nurse, U. S. N.; Ella M. Hodgson, Nurse, U. S. N., to Chief Nurse, U. S. N.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Reinstatements: Bernardine Means, to Baltimore; Edith Jackson, to Boston; Pearl Dowe, to Chicago; Ruth Breed, to Fort Stanton; Blanche Seay, to San Francisco; Ruth Moyer, to Stapleton; Katherine G. Tuttle, to Norfolk; Agot Hanson, to Immigration Hospital, Rosebank.

Transfers: Anne McCann, to Buffalo Marine; Gladys Brock, to Memphis Marine.

LUCY MINNIGERODE,
Superintendent Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU, NURSE CORPS

Hospital Service Transfers: To Palo Alto, Calif., Mrs. Mary L. Bowles, Lila L. Heberling, H.N.; to Helena, Mont., Helen K. Smith, C.N.; to Lake City, Fla., Mamie Ashford, Marion S. Hodgdon; to Washington, D.C., Ann G. Coyle, Werta T. Johnson, H.N.; to Federal Park, Md., Bettye L. Moorhead; to Ft. Bayard, N. M., Mrs. Hettie Edgerly, H.N., Maude E. Monk, Mildred A. Nash; to Rutland, Mass., Elizabeth C. Dobbins; to Kansas City, Mo., Grace Cashman, H.N.; to Edward Hines, Jr., Hospital, Bess M. McCann, H.N.

Reinstatements: Hannah J. Flahive, Lillian White, H.N., Sara A. Clagett, Mary W. Davis, Hilma Wold, Josephine L. Osborne, Katherine N. Curran, Adelaide DeLong, Ruth E. Gesaman, Mrs. Lucille W. Cox, Mrs. Frankie J. Davis.

District Medical Service Transfers: To New Haven, Conn., Emily P. Bliss, Anna R. Harris; to Ft. McHenry, Md., Virginia M. Ryan; to

Washington, D. C., Nannie Lee; to Gulfport, Miss., Mrs. Catherine J. Hardy.

MARY A. HICKEY,
Superintendent of Nurses.

MEMORANDUM REGARDING CLASSIFICATION OF NURSES IN GOVERNMENT SERVICE

Sent by the Chairman of the Association of Nurses in Government Service to the Chief Classifier, Personnel Classification Board.

1. It is the desire of the writer to go on record as unalterably opposed to any classification of nurses in a special group or otherwise which places them definitely in a sub-professional or non-professional group.

2. It is not believed that nurses will be willing to accept such a classification, and it is equally certain that the national nursing organization (The American Nurses' Association) will be opposed to such a classification as well as the Department of Nursing of the American Red Cross, through which nurses are recruited for government service and the withdrawal of whose support will be disastrous to the maintenance of a sufficient number of nurses in the civilian government service.

3. The effects of such a classification will be much more far reaching than appears on the surface, since for many years past the public in general and all civilian hospitals in this country have recognized nurses as professionals, and the Government cannot afford not to accord to them the same recognition which has already been established for them by the general public and by civilian organizations. Such a course will inevitably place nurses in the Government Service on a lower plane both socially and professionally than in civilian organizations. It will lower the standard of nursing in the Government Service and increase the difficulty of securing for Government beneficiaries highly qualified nurses.

4. It is urgently recommended, therefore, that in making the classification for this group of personnel, consideration be given to the service which they have already rendered to the Government, to the necessity of having a sufficient number of qualified nurses in Government hospitals, to the value of the service which they now render, to the three years of

training they are required to have and to the highly trained quality of their service.

5. The following is an extract from the Immigration Law which became effective February 5, 1917:

"Further provided that the provisions of this law applicable to contract labor shall not be held to exclude professional actors, artists, lecturers, singers, nurses, ministers of any religious denomination, professors for colleges or seminaries, persons belonging to any recognized learned profession."

The following statement was made in a letter from Mr. Husband of the Bureau of Immigration to the Surgeon General of the Public Health Service:

"In construing the law, the Bureau and Department ruled that in order to be exempt from the contract labor law they must be professional nurses, *i. e.*, 'trained nurses holding diplomas from recognized nurses' training schools or hospitals.'

In view of the passage of this law, therefore, and of the decision of the Bureau of Immigration it is believed that nurses have already been accepted by the Government as professional personnel under the provisions of the law and should not, therefore, be excluded from professional recognition under the Personnel Classification Board.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING has appointed Elmira Bears, Secretary of School Nursing, and Anna L. Tittman Vocational Secretary.

THE AMERICAN DIETETIC ASSOCIATION will hold its annual meeting at the Hotel Claypoole, Indianapolis, October 15-17. Some of the papers of special interest to nurses will be: *Monday morning*, Food Service to Nurses, Helen Wells; *Monday afternoon*, Dietotherapy, three papers. *Evening*, Banquet, Dr. Charles P. Emerson, speaker. *Tuesday morning*, Section on Education. Teaching Dieto-Therapy. Reports of Experience with Suggested Plans for Courses. *Wednesday morning*, Section on Social Service.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of nurses in Montgomery, October 17 and 18; in Mobile, October 18 and 19; in Birmingham, October 19 and 20. All applications and cre-

dentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, R.N., 1808 7th Avenue N., Birmingham, Ala. Kodak pictures will not be accepted. THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Dothan, October 16.

Colorado: Longmont.—Mrs. Lucy Carr (South Side Hospital, Kansas City, Mo.), has been appointed Superintendent of the Longmont Hospital. One student graduated in August and one in September.

Connecticut: New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION resumed its sessions for the year on September 6 with a good attendance of members. The disposal of certain funds was discussed, followed by a social hour.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses on Wednesday, November 7. Applications may be had from the secretary not later than October 24. Mary E. Graham, Secretary and Treasurer, 1337 K St., N.W., Washington, D. C.

Illinois: THE ILLINOIS STATE ASSOCIATION will hold its annual meeting at the Jefferson Hotel, Peoria, October 10-12. Chicago.—Mary C. Stewart has been appointed Superintendent of the Children's Memorial Hospital, succeeding Miss Henderson who has taken a similar position in Milwaukee. Miss Stewart was formerly superintendent of the Henrotin Memorial Hospital. Since that time she has been in war service and has held a position in Canada. Peoria.—THE SEVENTH DISTRICT held its annual picnic at Grand View Park, August 3. It was well attended and after a bountiful supper, the regular business meeting was held. Anna Seiburne has resigned her position as Superintendent of Nurses at the Methodist Hospital to take a trip through the West.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Evansville, October 4-6, at the Hotel McCurdy. October 4 will be devoted to meetings of the League, October 5, to Private Duty; and

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October 6, to Public Health. **Rossville.**—Mary E. Bricker sailed for northern India in September to take up missionary nursing. **Fort Wayne.**—THE FIRST DISTRICT ASSOCIATION met at the Irene Byron Tuberculosis Sanatorium with a large attendance. Routine business was transacted. Dr. Crull, Superintendent of the Institution and Dr. Mills, Resident Physician, gave interesting talks on Tuberculosis; a children's health play was given by the children patients. Refreshments were served. The annual meeting of the district will be held November 10 at the Lutheran Hospital Nurses' Home, Fort Wayne. All members are urged to attend.

Iowa: THE IOWA STATE NURSES' ASSOCIATION will hold its annual meeting at Waterloo, October 9-12. **Davenport.**—MERCY HOSPITAL ALUMNAE held a regular meeting at the Nurses' Home, September 4. Dr. D. J. McCarthy gave an interesting illustrated talk on his work in the Balkans. A social hour followed. There was an attendance of 75. **Cedar Rapids.**—MERCY HOSPITAL graduates are reported as follows: M. Wood is record keeper at the Hospital; Sylvia Kelly is taking a course in anaesthesia in Chicago; Anna Kilbride has a position in the City Hospital, Stillwater, Minn.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Hutchinson, October 26, 27. THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the State House, Topeka, December 11 and 12, 1923. Applications for this examination should be filed at least ten days before the date of examination. All communications should be addressed to M. Helena Hailey, Secretary, 961 Brooks Avenue, Topeka, Kansas. The terms of Elizabeth J. Eason and Sister Catherine Voth on the Nurses' Examining Board having expired, Governor Davis has made appointments as follows: Sister Catherine to succeed herself and Ethel L. Hastings of Bethany Hospital, Kansas City, to succeed Miss Eason. Miss Eason has served as a member of the Nurses' Board since the Registration Law was passed in 1913. She was Vice-President for four years and President another four years. She refused to have her name presented to the Governor for reappoint-

ment. The State Association gave Miss Eason a unanimous vote of thanks and passed a resolution to be placed on the minutes thanking her for her long and faithful service on the Board.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct its semi-annual examination for state registration, November 20, 21, 1923, at the J. N. Norton Infirmary, Louisville. For application and information, apply to Flora E. Keen, Secretary, 115 North Main Street, Somerset.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its autumn meeting at the "Walk Over Club" Campello, on Saturday, October 20. Morning sessions will be taken up by meetings of the State League of Nursing Education, Public Health Nurses' Section and the League of Private Duty Nurses. The State Nurses' Association will present a program for the afternoon which will be followed by social entertainment. It is expected that the two women legislators of Massachusetts will give short addresses, and the Red Cross Motor Corps have planned transportation for all visiting nurses. A buffet luncheon will be served. THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on October 9 and 10, 1923. Time and place will be designated on admission cards. Application for examination must be filed at least five days before the examination date. Charles E. Prior, Secretary, State House Boston. **Boston.**—THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION will meet in Vose Hall, the evening of October 2. Carrie M. Hall will give a report of the League convention. **Fall River.**—THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL gave a dance on June 26 with a profit of \$101, a large sum, as a tempest occurred on that night, affecting the attendance. **Northampton.**—THE SCHOOL OF NURSING OF THE COOLEY-DICKINSON HOSPITAL held its graduating exercises on June 5, at the McCallum Memorial Nurses' Home. In the processional, the eight graduates were followed by members of the classes that have graduated since 1904, each being represented. The address was given by Rev. J. F. Watts, D.D.; the diplomas were presented by

Chauncey H. Pierce. The beautiful Home which was completed last December is greatly enjoyed and gives plenty of facilities for class work. New appointments are: Clara Dewey (Roosevelt Hospital), former record clerk, assistant superintendent; Grace Dewey, record clerk; Ruth Colestock of the University Hospital, Colorado, instructor.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for the registration of nurses and trained attendants in Lansing, October 24 and 25, 1923. Mrs. Helen deSpelder Moore, R.N., Secretary. **Battle Creek.**—THE BATTLE CREEK COLLEGE has been reorganized and now consists of three departments or schools: Nursing, Home Economics and Physical Education. The School of Nursing offers a three and a five-year course, the latter leading to the degree of Bachelor of Science. The courses are unique in that they include the subject matter usually given in large hospitals and in addition cover the "whole field of physiotherapy and the elaborate system of sanatorium treatment and training which has become widely known as the Battle Creek Sanitarium System." It is expected that graduate nurses will take advantage of the five-year program as they can be given credit for previous professional training. The College possesses an unusual number of scholarship and loan funds. **Benton Harbor.**—MERCY HOSPITAL celebrated National Hospital Day by joining the fourth annual Florence Nightingale banquet on May 10; by open house, a reception to babies, an exhibition of dolls, and a reception in honor of the four graduates, on May 11; and by an all day clinic on May 12.

Minnesota: THE MINNESOTA REGISTERED NURSES' ASSOCIATION AND THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION will hold their annual meetings in St. Paul, October 18, 19 and 20. **St. Paul.**—Irene English, for many years Superintendent of the Northern Pacific Beneficial Association Hospital, has accepted the general directorship of the Kahler Corporation Hospitals School of Nursing, in connection with the Mayo Clinic, Rochester. This school, an outgrowth of the late war, has about 150 students. Bertha Johnson, who has been general Superintendent of nurses for the

past three years, has resigned and is taking a rest at her home in Glenwood. Lettie Christensen has resigned as surgical supervisor at the Ancker Hospital, and is succeeded by Laura Larson. Florence Nelson, instructor at the Swedish Hospital, Minneapolis, for the past two years, is now instructor at the Bethesda Hospital, St. Paul. **Minneapolis.**—A pageant, "The History of Nursing," beginning with the Roman period and showing various incidents in the history of nursing up to the present time, was given at the State Fair, under the auspices of the State Registered Nurses' Association, the League of Nursing Education and the Organization for Public Health Nursing. The purpose was to picture interesting phases in nursing history and to show improvements in health methods. Lena Ginther has resigned as Superintendent of Nurses at St. Mary's Hospital.

Mississippi: The twelfth annual meeting of THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will be held in Jackson, October 26 and 27. All Mississippi nurses are urged to be present.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual meeting October 8-10, in Springfield. A meeting of the Missouri State Board of Nurse Examiners appointed under the law in effect June 24, 1923, was held August 22, in St. Louis. The board is composed of the following members: Mary G. Burman, R.N., Mrs. Louise K. Ament, R.N., Rose Hales, R.N., and Delia C. O'Neill, R.N. Under the law in effect June 24, waiver of examination is open to graduate nurses who meet the requirements and who make application before January 1, 1924. The fee for license in all cases is \$15. The Missouri State Board of Nurse Examiners will hold an examination for license as Registered Nurse in St. Louis and in Kansas City on November 15 and 16, 1923. Applications for examination should be in the hands of the Secretary of the board, 620 Chemical Building, St. Louis, Missouri, at least ten days before examination. Graduates wishing to practice in Missouri before examination should have a provisional license. The Board regrets that there has been a delay in mailing out the annual certificates of registration. **St. Joseph.**—At the annual meeting of the NOYES HOSPITAL ALUMNAE ASSOCIATION

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the following officers were elected for the year 1923-1924: President, F. Myriel Gates; vice-president, Myrtle Flanagan; secretary, Evangeline O. Gibbons; treasurer, Irene Pilcher. Plans were made for a very full and interesting year of work and study, and the growth of the school library, which is becoming very popular and more useful every day, was discussed and planned.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting in Lincoln, October 11 and 12, at the Lincoln Hotel. **Grand Island:**—Margaret Turnbaugh, Secretary of District 1, and a graduate of the Grand Island General Hospital, has accepted the position of night supervisor in the County Hospital, Douglas, Wyo. DISTRICT No. 1 held its annual picnic at the country home of the nurses of the Grand Island General Hospital, on July 27, in celebration of the birthday of Linda Richards. Thirty-five members were present. A collection was taken and this together with the yearly contribution, will be given to the Nurses' Relief Fund. **Hastings:**—Arta Lewis, a graduate of the University Hospital, Omaha, has assumed her new duties as Superintendent of Nurses at the Mary Lanning Memorial Hospital.

New Jersey: The next examination for Certificate of Registered Nurse will be held Friday, November 23, 1923, in the State House, Trenton, N. J. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to 302 McFadden Building, Hackensack, N. J. Elizabeth J. Higbid, Secretary-Treasurer. **Newark:**—THE NEWARK CITY HOSPITAL held graduating exercises on September 26, at the Nurses' Home for a class of fourteen.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its twenty-third annual convention at the Hotel Statler, Buffalo, October 23, 24, and 25. October 23 will be devoted to meetings of the Public Health Nurses' Association and the League of Nursing Education. **Brooklyn:**—ST. JOHN'S HOSPITAL graduated a class of five, on May 23, at exercises held in the Chapel. **New York City:**—COLUMBIA UNIVERSITY is giving at the Presbyterian Hospital, September 24-October 5, a two weeks' course to graduate nurses on

The Treatment of Diabetes Mellitus by means of Dietary Regulation and the Use of Insulin. MISERICORDIA HOSPITAL has appointed Agatha C. Murphy, a graduate of Teachers College, dietitian. The Misericordia is about to open an outdoor department for clinic and dispensary at 540 East 87th Street. **Niagara Falls:**—Four graduates of the Memorial Hospital have recently completed the Health Teachers Course at the Oswego Normal School, —Mrs. C. Dowler, Mrs. D. Meek, Bessie Pepper and Mary Gamble. **Rochester:**—Eleanor McK. Savage has resigned her position as Instructor at the Highland Hospital to accept the position as Instructor at the American Hospital, Paris, France. Marie C. Byron, a graduate of the Presbyterian Hospital, New York City, is to fill the vacancy made by Miss Savage's resignation.

Ohio: The General Code, relating to the registration of nurses has been amended to provide for a visiting teacher who will demonstrate teaching methods in the schools of nursing.

Be it enacted by the General Assembly of the State of Ohio:

Section 1. That section 1295-1 of the General Code be amended to read as follows:

Sec. 1295-1. Within sixty days after this act becomes operative the state medical board shall employ a secretary, entrance examiner and three nurses; said three nurses with the secretary of the state medical board shall constitute the nurses' examining committee, this committee to be chosen from ten nominations made by the Ohio association of graduate nurses. The secretary of the state medical board shall be the secretary and executive officer of the committee. One nurse shall be employed for one year, one for two years, and one for three years and thereafter, as the term of any nurse expires a successor shall be employed in the manner hereinbefore specified for a term of three years. One of the nurses so employed shall be designated as chief examiner. *The state medical board shall also assign one or more additional nurses in the manner and with the qualifications herein provided, to supervise and standardize the instructions given in recognized schools of nursing.* Such additional nurses shall receive

for their services, such compensation as the state medical board may determine; which shall not be less than twenty-four hundred dollars per annum, and the necessary expenses; such compensation and expenses shall be paid in the manner and from the fund provided in section 1295-18, and shall not exceed twenty-four hundred dollars in any one year; *such compensation shall be rendered only with the consent and coöperation of such recognized schools of nursing, which shall pay to the secretary of the state medical board such part of cost thereof, as may be determined by said board.* Such sums shall be paid into the state treasury by said secretary as provided for in section 24 of the General Code for the use and benefit of the fund provided in section 1295-18 of the General Code. The secretary shall have the power to administer oaths. Each nurse who is a member of the nurses' examining committee shall file with the secretary an affidavit that she is a resident of Ohio, a graduate of a recognized training school for nurses and in addition thereto, she shall have had not less than five years' experience in nursing.

Section 2. That original section 1295-1 of the General Code be, and the same is hereby repealed.

Mrs. Nellie Parks has been appointed Visiting Instructor under this law. **Columbus.**—Blanche M. Harris, who has been doing public health work in this city will go to Shanghai, China, in October to take a position in St. Elizabeth's Hospital under the Episcopal Board. **Zanesville.**—Margaret Stevenson (graduate of Bethesda Hospital), who has been county health nurse, has been appointed Superintendent of Nurses, Citizens' Hospital, Barberton. The best wishes of her many friends go with her.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting October 24-26, at Okmulgee. Mrs. Idora Rose Scroggs has resigned as president of the Examining Board, being succeeded by Olive Salmon. The District Associations united in a gift to Mrs. Scroggs to express their feeling that to her belongs the credit for any forward steps taken by the nurses of the state.

Oregon: Portland.—Misses Frances Kiernan and Mary Doyle, who have been connected with the Visiting Nurses' Association for three years in the capacity of Infant Welfare Supervisor and General Supervisor, have resigned, and are returning to New York. Lillie Helgeland will succeed Miss Kiernan, and Mildred Halvorsen, who has been on the Visiting Nurse Association staff for the past five years, and who has been taking the summer course at the University of Oregon, will succeed Miss Doyle.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its annual meeting, October 22-25, at the William Penn Hotel, Pittsburgh. (An outline of the proposed programme will be found in the September *Journal*.) **Philadelphia.**—THE SCHOOL FOR TEACHING PRELIMINARY COURSES IN NURSING EDUCATION is opening on October 1 for its fourth semester. The enrollment, on September 10, was 98, representing nine affiliating hospital schools of nursing. The plan for the year follows the same lines as in previous terms. The subjects to be given are: Anatomy and Physiology, 60 hours; Bacteriology, 20 hours; Personal Hygiene, 10 hours; Chemistry, 20 hours; Nutrition and Cookery, 40 hours; Hospital Housekeeping, 10 hours; Drugs and Solutions, 20 hours; History and Ethics of Nursing, 15 hours; Psychology, 10 hours; total, 205 hours. But while the course which the student will receive has not been changed, there has been one radical change in policy. Previously the affiliating hospital schools have paid \$10 tuition fee for each student enrolled, which was a little less than one-fifth of the cost of instruction. The deficit has been partially made up by individual and organization donations, and the school has still to raise funds to complete the payment of a loan contracted last year. The hospitals are now under contract to pay \$50 for each student enrolled, putting the Preliminary School upon a self-supporting basis for the year 1923-24. The courses in Chemistry and in Nutrition and Cookery are to be given at Drexel Institute by members of the faculty of that institution. The director of the Preliminary School has the standing of a member of the faculty of Drexel Institute for teaching the course in Bacteriology there.

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The other subjects are taught by nurse instructors on an hourly basis in class rooms rented at the University of Pennsylvania. Office space has also been rented at the University of Pennsylvania for the next year. The educational entrance requirement has been "one year of high school or its equivalent," but for 1923-24, it has been raised to "two years of high school or its equivalent." The actual qualifications of the students have been considerably better than this. As this announcement is written, the two-year equivalents have not yet been considered by the Credentials Committee, and it is expected that there will be some eliminations as a number of applicants have not presented satisfactory credentials. Entrance examinations in English Composition and Literature and in Arithmetic are being given to applicants who desire to demonstrate in this manner their capacity for carrying the work, but only when they have had either night school or other courses or business experience of recognized educational value.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration, at the State House, November 14 and 15, beginning at 9 a. m. Application blanks and information may be obtained from Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket. **Newport:**—THE NEWPORT HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the Nurses' Home, September 4. The speaker of the afternoon was Mrs. William A. Heath on the *American Journal of Nursing*. Twenty were present. A social hour followed.

Texas: THE TEXAS STATE BOARD OF NURSE EXAMINERS met July 26. Members recently appointed by Governor Neff are Mrs. J. R. Lehmann, nee Helen Holliday, of Dallas; Mary Grigsby, Waco; Jane Duffy, Eula Whitehouse, and Emily D. Greene. Miss Duffy was spending her vacation in Canada and could not be present. Mrs. Lehmann was elected president for the next two years, and Miss Grigsby was elected secretary. Louise Dietrich of El Paso was elected Educational Secretary. **Dallas:**—Elsie M. Maurer, formerly one of the instructors at Bellevue, is

Director of the School of Nursing of the Baylor Hospital.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its seventeenth annual meeting, September 27-29, at the Farr Hotel, Huntington. (A report will appear later.)

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION held its annual meeting in La Crosse, September 26-28. (A report will appear later.) **Eau Claire:**—A class of thirteen nurses was graduated from the LUTHER HOSPITAL SCHOOL FOR NURSES on May 22. The address was given by Rev. A. M. Wahl; diplomas were awarded by Dr. Chr. Midelfart; the school pins were presented by the Superintendent to the 13 members of the class. **Milwaukee:**—On August 31, one of the finest homes of the city was turned over to the Wisconsin Nurses' Club and Directory by its owner, Charles Ray, a prominent business man of the city. In presenting the gift Mr. Ray said, "In memory of my beloved wife, Jane Merrill Ray, I am happy to dedicate this home to the Wisconsin Nurses' Club and Directory. Erna Kowalke, president of the club, in accepting the gift said, "May God guide our organization so that we shall be of greater service to mankind and reflect the kind unselfish spirit that prompted and inspired so wonderful a gift." Miss Kowalke then gave a brief outline of the association which was organized in 1915. A bronze tablet will be placed in the hall bearing an inscription to the memory of Mrs. Ray. The home was purchased by Dr. Ray in 1877 and is now valued at \$96,000. The gift which is given to the club without stipulation includes garage, furnishings, and chinaware. Plans are under way to remodel the house to accommodate 60 nurses. Dr. H. A. Johnson of the Presbyterian Church, and Dr. M. E. McCoy, director of Catholic charities of Milwaukee, also spoke. There were also present, Adda Eldredge, President of the American Nurses' Association; Agnes Reid, President of the Wisconsin Nurses' Association, and Marion Rothman, President of the Fourth and Fifth District. THE WISCONSIN ANTI TUBERCULOSIS ASSOCIATION recently held the graduating exercises of the twenty-second class in public health nursing,

three members. Dr. Hoyt F. Dearholt presented the diplomas and Kurt Peiser, resident head of the Abraham Lincoln house of Milwaukee, gave the principal address. THE EVANGELICAL DEACONESS HOSPITAL held commencement exercises for the class of 1923 at Trinity Evangelical Church, September 14.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Fred C. Selby (**Ruth Batton**, class of 1920, Hahnemann Hospital, Philadelphia), a son, August 2.

To Mrs. Henry Howard Silling (**Eleanor E. Beisiegel**, class of 1915, St. Luke's Hospital, Philadelphia), a daughter, Betty Anne, July 8.

To Mrs. Louis Uitendaal (**Sophie Bruynje**, class of 1914, Passaic General Hospital, Passaic, N. J.), a daughter, Margaret Louise, August 21.

To Mrs. J. Purtel (**Katherine Cassidy**, St. Francis Hospital, Hartford, Conn.), a daughter, Margaret Mary, in August.

To Mrs. E. Foster (**Ebbie Ebenbech**, St. Francis Hospital, Hartford, Conn.), a daughter, Catherine Alice, June 29.

To Mrs. Walter Bloom (**Hazel Eckerman**, class of 1918, John C. Proctor Hospital, Peoria, Ill.), a daughter, Shirley Jean, June 16.

To Mrs. **Martha J. Griffin**, (class of 1921, Long Island College Hospital, Brooklyn, N. Y.), a son, Archibald W., Jr., July 17.

To Mrs. Harold Wallace (**Elma Hagaman**, class of 1917, Memorial Hospital, Niagara Falls, N. Y.), a son, Richard Hagaman, June 7.

To Mrs. Earl C. Lyons (**Bertha Harrop**, class of 1918, Hahnemann Hospital, Philadelphia), a son, July 20.

To Mrs. Edward R. Stone (**Josephine Hoopes**, class of 1908, Howard Hospital, Philadelphia), a son, John Stone 4th, July 17.

To Mrs. Howard Anthony (**Mary Huilet**, class of 1921, Methodist Hospital, Peoria, Ill.), a son, Howard, Jr., July 14.

To Mrs. Andrew Fleming (**Jim Johnson**, class of 1913, Georgia Baptist Hospital, Atlanta, Ga.), a son, July 1.

To Mrs. Daniel Murphy (**Regina Kling**,

man, class of 1920, Hotel Dieu, New Orleans, La.), a son, August 15.

To Mrs. Sam Shelley (**Mary Knepps**, class of 1918, J. C. Blair Memorial Hospital, Huntingdon, Pa.), a son, Lawrence Nelson, August 18.

To Mrs. Harvey A. Anderson (**Kate Howard Meador**, class of 1922, Woman's Hospital of Philadelphia), a daughter, Elizabeth Manwaring, July 20.

To Mrs. Thomas Buchan (**Margaret Mitchell**, Union Hospital, Fall River, Mass.), a son, June 9.

To Mrs. M. McMahan (**Katherine Skelly**, St. Francis Hospital, Hartford, Conn.), a daughter, Helen Jane, August 1.

To Mrs. E. A. Browning (**E. E. Stevenson**, class of 1920, St. Vincent's Hospital, Birmingham, Ala.), a daughter, Merle Kate, July 18.

To Mrs. T. F. O'Brien (**Hilda Stickney**, St. Francis Hospital, Hartford, Conn.), a daughter, Hilda Frances, in August.

To Mrs. C. Peterson (**Teresa Valentine**, St. Francis Hospital, Hartford, Conn.), a son, Richard Charles, August 3.

MARRIAGES

Jeanne Amoureaux (class of 1920, General Hospital, Pocatello, Idaho), to O. P. Barber, May 31. At home, Pocatello, Idaho.

Gladys Myrtle Ansell (Memorial Hospital, Niagara Falls, N. Y.), to George Melbourne Brock, August 8.

Florence Banze (class of 1920, John C. Proctor Hospital, Peoria, Ill.), to Fred Onken, September 4.

Agnes Bell (class of 1919, Latrobe Hospital, Latrobe, Pa.), to Francis Maynard Michael, June 27. At home, Swissvale.

Manetta R. Bell (Wesley Memorial Hospital, Chicago, and Chicago Lying-In Hospital), to John G. Speicher, M.D., September 1. At home, Montmorenci, S. C.

Ruth Boddington (class of 1923, St. John's Hospital, Yonkers, N. Y.), to Frank R. Coster, September 1.

Elizabeth Boozer (class of 1919, Allegheny General Hospital, Pittsburgh, Pa.), to Harry L. Kline, August 29. At home, Youngstown, Ohio.

Sarah Brundage (class of 1922, Georgia

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Baptist Hospital, Atlanta, Ga.), to Bryan Smith, July 29.

Ada Elizabeth Buck (class of 1921, University Hospital, Iowa City, Ia.), to Clarence Baldridge, M.D., August 1. At home, Iowa City.

Annie Carson (class of 1920, Jewish Hospital of St. Louis, Mo.), to O. Williamson, July 3.

Anna R. Chislow (class of 1919, Massachusetts General Hospital, Boston, Mass.), to Samuel Madowsky, June 26. At home, Fall River, Mass.

Nettie E. Clark, to John F. McCarthy, August 15. At home, Johnson City, Tenn.

Mildred L. Ditchett (class of 1920, Hahnemann Hospital, Philadelphia), to Fred Martz, M.D., July 26. At home, Johnstown, Pa.

Irene Elizabeth Fosnacht (class of 1922, Lankenau Hospital, Philadelphia, Pa.), to Charles William Weaver, June 29. At home, Philadelphia.

Ellen Gaston (class of 1918, Allegheny General Hospital, Pittsburgh, Pa.), to Edward J. Bell, August 29. At home, Mt. Washington, Pittsburgh, Pa.

Maurine Ganseal (class of 1920, John C. Proctor Hospital, Peoria, Ill.), to Percy Caley, in August.

Grace Elizabeth Gibson (class of 1921, University Hospital, Iowa City, Ia.), to Sherman W. Morrison, September 1. At home, Brookings, S. D.

Clara D. Grady (class of 1920, St. John's Hospital, Yonkers, N. Y.), to Walter J. Halloran, M.D., September 5.

Mrs. Dorothy Hayden (St. Leo's Hospital, Greensboro, N. C.), to Zebulon Vance Conyers, on August 28. Mrs. Hayden was President of the State Association for two years and is now Secretary of the Board of Nurse Examiners.

Mildred Hill (class of 1921, Rome Hospital, Rome, N. Y.), to John Lee Hanifin, July 11. At home, Carthage, N. Y.

Frances Hoch (class of 1921, St. Luke's Hospital, Bethlehem, Pa.), to Frank Sensenbach, August 9. At home, Nazareth, Pa.

Marion Holmes (class of 1921, University Hospital, Iowa City, Ia.), to David Gallagher, M.D., June 26.

Myra Hyre (Army Nurse Corps), to Capt.

Edward Smith, August 8. At home, Boston, Mass.

Rose Mary Johnston (class of 1923, Long Island College Hospital), to F. L. Tunison, July 16. At home, Brooklyn, N. Y.

Clara Alice Kahn (class of 1922, Jewish Hospital of St. Louis, Mo.), to Felix Rothchild, August 8. At home, Kirksville, Mo.

Marion Ellen Kendig (class of 1921, Lankenau Hospital, Philadelphia), to Russel Wayne Owens, M.D., August 25. At home, Magua, Utah.

Gertrude Jane Lackie (Seattle, Wash.), to Hugh Hay Adams, M.D., August 4. At home, Ronald, Wash.

Bernice Letts (Army School of Nursing), to Paul L. Hefty, M.D., July 18.

Katherine McCurdy (Army School of Nursing), September 8, to William Chase Carpenter.

Claudia McHale (class of 1915, Buffalo Hospital Sisters of Charity, Buffalo, N. Y.), to John Powell, August 25.

Marybelle Matthews (class of 1921, University Hospital, Iowa City, Ia.), to James Reed, July 30. At home, Ottumwa, Ia.

Bessie Amelia Metz (Methodist Episcopal Hospital, Philadelphia), to Lester Bedford Sprague, August 11.

Anna C. Nielson (Grand Island General Hospital, Grand Island, Neb.), to Ernest W. McCracken, June 12.

Mollie A. Phalen (class of 1905, Union Hospital, Fall River, Mass.), to Charles D. Fraser, in July.

Harriet A. Pond (class of 1913, California Lutheran Hospital, Los Angeles), to T. E. Jenkins, August 16. At home, Pocatello, Idaho.

Mary Ponder (class of 1921, Georgia Baptist Hospital, Atlanta, Ga.), to J. D. McKibben, July 27.

Genevieve Powers (class of 1919, Buffalo Hospital of the Sisters of Charity, Buffalo, N. Y.), to Francis M. Conlin, August 18th.

Mariam Ringrose (class of 1917, Rome Hospital, Rome, N. Y.), to G. F. Roy Wheat, August 4. At home, Rome, N. Y.

Stella Robinson (class of 1908, Mt. Sinai Hospital, Philadelphia, Pa.), to Joseph Schaller, LL.D., June 6. At home, Cleveland, Ohio.

Anna Schaffer (class of 1922, Mt. Sinai Hospital, Philadelphia, Pa.), to Benj. Famlant, June 21. At home, Philadelphia.

Emily Seaman (class of 1919, Long Island College Hospital), to Frank J. Tappen, July 5. At home, Jericho, L. I.

Anne I. Sheibley (Milwaukee Hospital), to Francis C. Moore, July 17.

Lillian Sill (class of 1921, John C. Proctor Hospital, Peoria, Ill.), to Jesse Moses, in August. At home, Pekin, Ill.

Adèle May Smith (class of 1921, Lankebau Hospital, Philadelphia, Pa.), to Victor Theodore Roth, Jr., September 8. At home, Philadelphia.

Florence Elizabeth Spencer (Highland Hospital, Rochester, N. Y.), to Hector McLean Harmon, August 30. At home, Rochester.

Muriel Thompson (Army School of Nursing), to Rutherford Keith Purl, August 8. At home, Dupo, Ill.

Laura Thurston (class of 1920, Rome Hospital, Rome, N. Y.), to Martin Callery, July 16. At home, Rome, N. Y.

Stella Venard (class of 1919, University Hospital, Iowa City, Ia.), to Harold King, M.D., July 25. At home, Iowa City.

* **Vesta Beulah Ward** (class of 1920, Jewish Hospital of St. Louis, Mo.), to V. George Harper, August 11.

DEATHS

Leonilda Farnese Lowry Chamberlin (class of 1899, School of Nursing, New England Hospital for Women and Children, Boston), at Nice, France, July 27. Mrs. Chamberlin was the only daughter of Luige Pier Farnese and Josephine Black of Rome, Italy. By the death of her first husband, James Lowry, she was left a widow at the age of twenty-one, and although always in fragile health she decided to study nursing. She filled successfully and with conspicuous ability, many important executive and teaching positions: Supervisor of Nursing, Home for Incurables, Dorchester, Mass., 1900-1901; Assistant Superintendent, St. Luke's Hospital and School of Nursing, New Bedford, 1901-1909; Superintendent, Malden Hospital and School of Nursing, 1909-1911; Superintendent of School for Men Attendants, Bellevue Hospital, New York,

1911-1915, which in spite of great difficulties she organized and developed to a fine degree of efficiency. She resigned to marry Joseph Edgar Chamberlin of the *Boston Transcript*, a well-known editor and writer. Mrs. Chamberlin possessed unusual qualities of mind and heart. She was a rare teacher and organizer, with a brilliant mind, speaking fluently French, Italian and Spanish, as well as English. Her ready wit and sensitive, sympathetic nature, gave her a rare understanding of human nature. Her courageous and adventurous spirit, in spite of increasing invalidism, led her to attempt a trip to the land of her birth, Italy, from which she was never to return, and which she never reached. Former associates and pupils by whom she was universally loved will be saddened to hear of her death.

Mrs. Edith T. Meacher Duebler (class of 1914, Roper Hospital, Charleston, S. C.), on August 5, at the home of her mother, Charlotte, S. C. Mrs. Duebler contracted tuberculosis as a result of her war work and was for two years confined to her bed. She was a patient sufferer, but her death was a happy release.

Florence I. Dunn (class of 1923, Rochester General Hospital, Rochester, N. Y.), in September, at the Hospital, after an illness of three weeks. Death was due to meningitis. Burial was at Brushton, N. Y.

Katherine M. Haggart (Boston City Hospital, Boston, Mass.), on August 23. Miss Haggart's health failed a few months ago and she went to live with her sister in Caledonia, N. Y., where she died. The greater part of her professional life was spent in Rochester, N. Y. Burial was at Mumford.

Mrs. William E. Haupt (**Marie Jones**, class of 1912, Howard Hospital, Philadelphia, Pa.), on June 4.

Mrs. Estelle McMillan Knox (class of 1894, Allegheny General Hospital, Pittsburgh, Pa.), at her home, Knoxville, Tenn., August 22. Mrs. Knox was the second President of the Nurses' Alumnae Association of the Allegheny General Hospital and through her untiring efforts a room for the use of sick members was endowed by the Association at the Hospital, which will always stand as a monument of her wonderful executive ability.

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Since her marriage, many years ago, she has made her home in Knoxville, where she has endeared herself to a large number of people and has devoted her life to missionary work, since the death of her husband, three years ago.

Margaret O'Reilly (class of 1913, St. Francis Hospital, Hartford, Conn., on August 9, in Ireland. Miss O'Reilly was beloved by all who knew her.

Lucy Creemer Peckham, M.D. (Connecticut Training School, New Haven), at her home in New Haven, in August, at the age of 82. She entered the school in its infancy, in 1878, later becoming its Superintendent. In the early days of the alumnae association she was a President for one year. She had charge of the nursing in the House of Mercy, Pittsfield, Mass., and while there decided to

study medicine. She therefore entered the Woman's College, Philadelphia, and upon graduation returned to her home city to practice. She was the first woman received into the New Haven Medical Association, being highly esteemed by the members of her profession. She will be sincerely missed by her friends and former patients.

Sister Mary Genevieve, at St. Francis Hospital, Hartford, Conn., on September 6, after a short illness. For twenty-four years Sister was supervisor of the operating rooms. Her quiet and unassuming disposition combined with a rare technical skill, commanded the esteem and respect of all those associated with her. Two bishops, several of the clergy, the entire staff of the hospital, as well as a large body of graduate and student nurses attended the funeral in the convent chapel.

TAKEN SHIP

Tonight, about the little town,
The lights will glimmer, golden-soft;
But I shall be horizon-down
Facing the stars that climb aloft.

And you, tonight, around the fire,
Will draw the curtains, pitying me—
When I have gained my heart's desire,
The wide wind and the swinging sea!
—Charles Buxton Going.

BOOK REVIEWS

THE HEALTH OF THE RUNABOUT CHILD.

By William Palmer Lucas, A.B., M.D. The Macmillan Company, New York. Price, \$1.50.

The pre-school child who has held the center of the stage these past few years belongs to the various children's groups—educational and health—and most of all to the parents. Dr. Lucas aptly dedicated the book to the children themselves, he adds a foreword to Parents, another to Doctors and Nurses, and he perhaps included teachers under the title of "others who like scientific terms."

At a first glance one may be inclined to think that the writer has so interwoven prose and poetry, facts and interesting remarks, that it is difficult to gain any clear cut idea of the real purpose of the book. But is this true? Try reading the chapters best adapted to the particular problem which is interesting you, by subject heading, and you will find answers to many of the questions now disturbing professional and lay people alike.

In the first chapter many of the perplexing questions which have been asked vaguely by parents are brought to light; and briefly touched upon. This chapter will hold the attention. It holds steps from the "known to the unknown," linking up questions to answers found in other chapters of the book. In this chapter we find one indisputable fact which we must all recognize, that "the years from two (I should say one instead of two) to seven, are the most important years of trail blazing, the years that really establish the character traits as modified by treatment."

Anyone who has worked with children

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necessarily recognizes that each child has an individuality all its own, and knows that tables, rules, and standards are merely guide posts, not finalities, in the judging of the health or mental attainments of any child, but the definite rules and tables as presented in Dr. Lucas' work are helpful and interesting. Curiously enough, the popular term "malnutrition" crept into this work as a main health heading, rather than as one of the subheadings of a general health condition; however, the "index of the condition" includes points which must be considered in any health diagnosis and connotes that all influences are included in a circle from which one may detach any one, and connect all of the other health rules.

We are glad to have play emphasized in its full importance, for directed play leads us straight to two points brought out by George Bellany who has given such careful thought to the influence of recreation, or play, in the character building of children. Mr. Bellany tells us that "The child of six has developed an individuality," and "It is in leisure that society develops her spiritual qualities, her honesty, truth, courage, patriotism, interests, tastes, habits on the very foundation of which it is possible for society to endure, and the absence of which is certain death." The importance of truth brought out in Dr. Lucas' book is outstanding, for it is universally recognized that the formation of habits, both physical and mental, are most easily influenced in the "home children" group or, as named by Dr. Lucas, "the run-about child."

HARRIET L. LEETE, R.N.,
New York.

THE PRE-SCHOOL CHILD. By Arnold Gesell, M.D. 264 pages. Houghton Mifflin Company, Boston, Mass. Price, \$1.90.

The pre-school child, after having been the most neglected person in the community, is rapidly coming into his own. Dr. Gesell's book is devoted to a statement of the extreme importance, mental, physical and social, of the first five years of life, the very meagre provision of society for the physical or mental care of toddlers, and suggestions as to how the deficiency can best be made good. An historical sketch of society's attitude toward children and of the early campaigns for saving infant life and improving the physical care of infants, gives the background of the discussion. The plight of young handicapped children and the importance of correcting defects and beginning special education before our present school age of five or six, are stressed. As beginnings of educational effort for children under five, the English nursery schools, the three nursery schools in the United States, and the Montessori schools are described.

Dr. Gesell's remedy is to have the public schools take over the supervision of children under five by extending the kindergarten to include them, and also to have them institute courses of training in parenthood for older boys and girls in school, in which they could gain experience by helping in the kindergarten. The kindergarten, to fulfill this function, must add medical and nursing service, admit much younger children, make its educational procedure more scientific, more flexible, and less sentimental than it now is, and use its re-

sources for the training of adolescent school children in the care and management of children. The programme which Dr. Gesell suggests has already been put into operation in connection with nursery schools in Boston and Detroit. We agree with him that, "In principle the distinctions between nursery, nursery school and kindergarten ought to disappear," but at present the term nursery school connotes more accurately the institution which he projects than the term "kindergarten."

His insistence on education for parenthood for boys, and on home-making education for girls, in which spirit and ideals should be stressed even more than technics is refreshing.

Surely we can develop a type of home-making education which will bring the realities and significance of childhood into the vision of youths who, in a few years, will be fathers and mothers. Unless we really bring such a vision, this education is virtually a failure, and if we succeed in developing a sincere, sound type of pre-parental education, we shall find that by a benevolent process of substitution we have also, in large measure, solved the so-called problem of sex education.

While Dr. Gesell has stated convincingly the possibilities of a school for very young children (under whatever name) as a laboratory for training future parents, he has not set forth its importance as an adjunct to the home training of the child with real conviction. The advantage to the child between two and five of spending a few hours of each day away from his mother, in charge of an educational expert, with a group of children of his own age who are provided with adequate equipment for educational play, deserves far greater consideration than it receives.

It is just as true that the advantage to the mother of a few hours' relief from the exacting task of caring for an active young child, makes her a more effective mother during the rest of the day,—a point which few men understand.

The chief disappointment which will come to many of Dr. Gesell's readers, as it did to the present one, is that it contains none of his own researches on the pre-school child. Indeed the book is not a study of the pre-school child himself, but of social and educational policies toward him.

HELEN T. WOOLLEY, PH.D.,
Detroit, Mich.

PEDIATRIC NURSING. By Bessie Ingersoll Cutler, R.N. The Macmillan Company, New York. Price, \$3.

With latter-day primary interest in Health, rather than in Disease, it is good to find a text on Pediatric Nursing in which the author so clearly sets forth the need there is in the education of the nurse for the "knowledge of the child in health and disease."

Not only will Miss Cutler's book be welcomed as a text for the undergraduate nurse, but it will fill a long felt want in the library of the graduate who is particularly interested in children, well or ill. The physician who must depend solely on a mother, rather than on a graduate nurse, for the care given his tiny patient will find much of reference helpfulness in the simple description and outline of technic for various treatments and procedures.

Frederica Beard's chapter on The Mental Development of Child Life is so interestingly written that one is at once intrigued into following through on her indicated selected bibliography.

There is much in this volume for the nurse doing any type of work, whether it be within or without the walls of her home.

SARA B. PLACE, R.N.,
Chicago, Ill.

POCKET CYCLOPEDIA OF NURSING.

Edited by R. J. E. Scott, M.D. The Macmillan Company, New York. Price, \$3.00.

Since so many nurses are migratory individuals, a concise, compact book like this will doubtless prove very useful.

The appearance of the book is excellent, the paper, printing and illustrations show the results of careful attention to detail that make the subject matter of a book readily available.

A large number of subjects are treated clearly, and as comprehensively as can be expected in so small a volume. Of course every nurse who goes to it for information will look for some item and if she does not find it will feel that the most important subject has been omitted, but there is a wide variety of subjects and on the whole, they are treated from the standpoint of the nurse. Some treatments which are ordered only occasionally are described as if they were generally accepted methods of procedure, but nurses are so accustomed to carry out diverse directions that it will cause little confusion.

One wonders why rheumatism is described as a separate disease, rather than as a resultant condition following some infection, but the necessary nursing measures are well emphasized.

Much valuable and accurate information is contained in this small volume and it is certain to be a convenient

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reference book which nurses can carry with them and consult with great satisfaction and we are grateful to the editor, Dr. Scott, for the discriminating care he has given to the publication of this useful little book.

MARTHA M. RUSSELL, R.N.,
Denver, Colorado.

PRINCIPLES AND PRACTICE OF INFANT FEEDING. By Julius H. Hess, M.D. Third edition, revised. F. A. Davis Company, Philadelphia. Price, \$4.

While this book is primarily intended for physicians, yet within certain limits it is suitable for the nurses. Dr. Hess, as Professor of Pediatrics in the University of Illinois, speaks authoritatively concerning his subject.

The first few chapters deal with the anatomy, physiology, metabolism and bacteria of the digestive tract of the infant. Part II is written for nurses. These chapters deal with the hygiene of the nursing mother, the problem of the wet-nurse and the healthy nursing infant. The nutritional disturbances in the breast-fed infant caused by under-feeding, overfeeding and general debility are ably discussed in a simple language. The types of food best suited to a premature infant and the expected rate of increase give the student a working basis. The chapters devoted to artificial feeding are very helpful to instructor and student. The common methods of feeding are discussed, examples are given to facilitate the working out of the problem, and the diet is outlined as the child grows to his third year.

Part IV discusses nutritional disturbances in artificially fed infants. Although these chapters are not primarily

written for the student nurse, she could gain much by carefully reading them and understanding that which comes within her powers. The final chapters on rickets, scurvy, spasmodophilia and acidosis are clearly illustrated. Here again an alert student nurse can benefit by reading thoughtfully the text.

The book is well bound. The type is clear, margins well spaced and a full index is of material aid. The appendix also adds to the book's value, as it gives the recipes in common use, a brief classification of the many prepared milks and foods on the market, some nursing procedures frequently used in caring for infants, and finally tables of average measurements, blood pictures, etc. of the normal child. This would be a valuable reference book on Pediatrics to add to the library of any nursing school.

MARY E. NORCROSS, R.N.,
Boston, Mass.

ANATOMY AND PHYSIOLOGY. By Elizabeth R. Bundy, M.D. Fifth edition. Revised by Martha Tracey, M.D., and Grace Watson, R.N. P. Blakiston's Son & Co. Price, \$2.50.

This edition contains 266 illustrations, including 46 colored plates. As many classes must study anatomy and physiology without laboratory facilities, good charts and illustrations are important. Among the illustrations are a few that are new and original, and some, such as the blood supply to the uterus, not usually found in the smaller books.

The introductory chapter gives definitions, plan of study, a general survey of the body, the cells, tissues, organs, etc. The study of the skeleton takes up the first five chapters, the fascia and muscular tissue the next two chapters, blood

and circulation, including the lymph system, four chapters, elimination two chapters, this also including the structure and functions of the skin, the sense of touch, etc. The reproductive system, respiration, ductless glands and internal secretion, metabolism, nutrition, (including food values and classification), one chapter each. The next six chapters include a study of the nervous system and the special senses. The last chapter takes up briefly a general study of the important regions of the body.

While the text contains interesting material, there is much that does not receive full enough treatment to meet the needs of the present day student. The pulmonary circulation, the physiology of the skin, absorption, metabolism, and the internal secretions, are each given very brief space, and, probably on account of this brevity, up-to-date information on these most important topics is not given.

The new edition of Kimber's Anatomy and Physiology is now ready and available for distribution.

TOO LATE FOR CLASSIFICATION

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS will hold its examination at the Capitol in Phoenix on Saturday, October 6, 1923. Application for examination should be sent to Mrs. Kathryn G. Hutchison, Secretary-treasurer, Tombstone, Ariz.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting, November 1 and 2, in Little Rock. All nurses are urged to attend.

Pennsylvania: THE TRAINING SCHOOL OF THE WOMAN'S HOSPITAL OF PHILADELPHIA, 2137 North College Avenue, will hold on Saturday evening, November 3, in its new Assembly Hall, a banquet which will be the first reunion of its graduates since the establishment of the school of nursing, March 22, 1861. All graduates are urged to apply to Miss C. K. Swank, R.N., Directress of Nurses, for further information. It is hoped that there will be an enthusiastic response.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Chattanooga, October 8 and 9.

Vermont: The semi-annual meeting of the STATE NURSES' ASSOCIATION will be held in Brattleboro, October 18.

THE JOURNAL INDEX for Volume XXIII will be sent on request. Please note the new Subject Index which will, it is hoped, be of great aid in looking up special topics.

There are many excellent "Clinical notes," pointing out the application in pathology. These, however, are so mixed in with the text, that one wonders if the young student, studying this subject for the first time, will not be confused. Normal anatomy and physiology, clinical notes, treatments, etc., are all given on an equal plane, and without system.

The chapters devoted to the study of the skeletal system contain much interesting material. The section on the development of the teeth, and also the comparison of the skeleton at different ages, is very good.

The introductory chapter makes a mistake made by some other text books on this subject for nurses,—such a mass of material is introduced as to overwhelm and confuse the beginner.

E. PRISCILLA REID, R.N.,
Rochester, N. Y.

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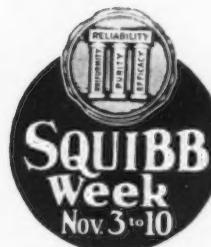
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